

FANTA III

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



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FANTA Project Year 2 Annual Report October 1, 2012 – September 30, 2013

Cooperative Agreement Number
AID-OAA-A-12-00005

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ASSIST	Applying Science to Strengthen and Improve Systems Project
BMI	body mass index
CAADP	Comprehensive Africa Agricultural Development Programme
CBHCP	community-based health care provider
CDC	U.S. Centers for Disease Control and Prevention
CMAM	Community-Based Management of Acute Malnutrition
COUNSENUTH	Centre for Counselling, Nutrition and Health Care
CRG	USAID Commodity Reference Guide
CRS	Catholic Relief Services
CSB	corn-soy blend
CSO	civil society organization
DAI	Development Alternatives, Inc.
DiscussionTIME	Discussion for Title II M&E
DPS	<i>Direcção Provincial da Saúde</i> (Provincial Health Directorate) (Mozambique)
DRC	Democratic Republic of Congo
EBF	exclusive breastfeeding
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
ENA	Essential Nutrition Actions
EWB	early warning and response
F	Office of U.S. Foreign Assistance Resources
FAFSA-2	Second Food Aid and Food Security Assessment
FAO	Food and Agriculture Organization of the United Nations
FANTA	Food and Nutrition Technical Assistance III Project
FEWS NET	Famine Early Warning Systems Network
FFP	USAID Office of Food for Peace
FRHP	Focus Region Health Project (Ghana)
FSCF	Food Security Country Framework
FSN	food security and nutrition
FTF	Feed the Future
GH	USAID Bureau for Global Health
GHS	Ghana Health Service
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	growth monitoring and promotion
GOB	Government of Bangladesh
HIV	human immunodeficiency virus
HKI	Helen Keller International
IFA	iron/folic acid
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
INCAP	<i>Instituto de Nutrición de Centro América y Panamá</i> (Institute of Nutrition of Central America and Panama)

IOM	International Organization for Migration
IP	implementing partner
IPC	Integrated Food Security Phase Classification
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
I-TECH	International Training and Education Center on HIV/AIDS
IYCF	infant and young child feeding
LAM	mixed-methods lactation amenorrhea method
LIFT	Livelihoods and Food Security Technical Assistance Project
LNS	lipid-based nutrient supplement(s)
LNSRN	LNS Research Network
M&E	monitoring and evaluation
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries (Uganda)
MAM	moderate acute malnutrition
MCHIP	Maternal and Child Health Integrated Program
MCHN	maternal and child health and nutrition
MEPI/NEPI	Medical/Nursing Education Partnership Initiative
MGLSD	Ministry of Gender, Labor, and Social Development (Uganda)
MINFIN	<i>Ministerio de Finanzas Públicas</i> (Ministry of Public Finance) (Guatemala)
MISAU	<i>Ministério da Saúde</i> (Ministry of Health) (Mozambique)
mm	millimeter(s)
MNP	multiple micronutrient powder(s)
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MRDI	Management and Resources Development Initiative
MSH	Management Sciences for Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i> (Ministry of Public Health and Population) (Haiti)
MUAC	mid-upper arm circumference
NACS	nutrition assessment, counseling, and support
N-GLEE	Nutrition Global Learning and Evidence Exchange
NGO	nongovernmental organization
NIH	U.S. National Institutes of Health
NIN	National Institute of Nutrition (Vietnam)
NPDA	Nutrition Program Design Assistant
NUGAG	Nutrition Guidelines Advisory Group
OHA	USAID Office of HIV/AIDS
OPM	Office of the Prime Minister
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PLEW	Program-Level Early Warning
PLHIV	people living with HIV
PLW	pregnant and lactating women

PM2A	Preventing Malnutrition in Children under 2 Approach
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission of HIV
PNN	<i>Programme National de Nutrition</i> (National Nutrition Program) (Côte d’Ivoire)
PNOEV	<i>Programme National des Orphelins et Enfants Vulnérable</i> (National Program for OVC) (Côte d’Ivoire)
PRH	USAID Office of Population and Reproductive Health
PRN	<i>Programa de Reabilitação Nutricional</i> (National Rehabilitation Program) (Mozambique)
<i>PRN I and II</i>	Manual for the Treatment and Rehabilitation of Malnutrition, Volumes I and II
PRONANUT	National Nutrition Program (DRC)
ProNUT	ProNUTRITION online forum
PVO	private voluntary organization
QI	quality improvement
REACH	Reaching and Educating At-Risk Children
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SAPQ	Standardized Annual Performance Questionnaire
SBC	social and behavior change
SBCC	social and behavior change communication
SESAN	<i>Secretario de Seguridad Alimentaria y Nutricional</i> (Secretariat for Food and Nutrition Security) (Guatemala)
SFP	specialized food product
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
SSFP	Smiling Sun Franchise Program
SUN	Scaling Up Nutrition
TA	technical assistance
TB	tuberculosis
TFNC	Tanzania Food and Nutrition Centre
TOPS	USAID Technical and Operational Performance Support Program
TOT	training of trainers
UC Davis	University of California – Davis
U.N.	United Nations
UNAIDS	Joint U.N. Special Programme on HIV/AIDS
UNAP	Uganda Nutrition Action Plan
USAID	U.S. Agency for International Development
USG	U.S. Government
WFP	World Food Programme
WHO	World Health Organization
WUSTL	Washington University in St. Louis

The Food and Nutrition Technical Assistance III Project: Project Overview

The Strategic Objective of the U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III Project (FANTA¹) is “food security and health policies, programs, and systems for improved nutrition strengthened.” FANTA meets this objective through the efficient provision of high-quality technical assistance (TA) to scale up evidence-based nutrition interventions, while further building the evidence base for multisectoral approaches. Guided by the principles of Feed the Future (FTF) and USAID Forward, FANTA uses a three-pronged approach to improve nutrition.

- At the global level, FANTA promotes the adoption of policies, standards, and promising practices and develops guidance and tools for monitoring and evaluation (M&E) and capacity building.
- FANTA expands the evidence base for what works through delivery science and impact evaluation research.
- FANTA provides TA to countries, USAID Missions, and implementing partners (IPs) to improve assessments, program design and implementation, and M&E.

FANTA aims to take research to practice by testing and validating food security and nutrition approaches in a consistent manner. High-quality implementation at scale is achieved by:

- Supporting country ownership by building the capacity of national stakeholders to assess, design, implement, and evaluate programs
- Coordinating with other donors, global partners, and programs
- Using current evidence and state-of-the art approaches
- Using effectiveness studies, delivery science, operations research, and M&E to innovate and further expand the evidence base
- Including an explicit gender perspective in program research, policy and standards recommendations, tools and guidance, and TA

FANTA’s work falls under two Intermediate Results (IRs).

- FANTA strengthens the global evidence and capacity for food security and health policies, programs, and systems for improved nutrition (IR 1) by expanding the evidence base for effective food security and nutrition program approaches; developing and implementing M&E systems and tools; promoting global standards and policies in food security and nutrition; creating linkages within health systems to strengthen nutrition throughout the life cycle; and strengthening capacity in assessment, program design, implementation, and M&E.
- **FANTA strengthens country-driven food security and health policies, programs, and systems for improved nutrition (IR 2)** by improving the assessment, design implementation, and M&E of programs focusing on food security and nutrition in the context of emergency situations, HIV and other infectious diseases, maternal and child health and nutrition (MCHN), and agriculture and nutrition linkages.

¹ The project is currently operating under its fourth Cooperative Agreement (February 2012–February 2017). For the purposes of this annual report, “FANTA” also refers to work begun under previous Cooperative Agreements. “Project Year” 1, 2, or 3 refers to the first, second, or third year of the current agreement.

Each IR contains four sub-IRs (see **Figure 1**). **Table 1** displays activities by sub-IR in the countries in which FANTA worked in Project Year 2. This annual report presents progress that was made on activities that were carried out or proposed by FANTA in Project Year 2, organized by sub-IR and country.

FANTA is implemented by FHI 360. The project is a 5-year cooperative agreement (February 8, 2012 to February 7, 2017). Partners include the Centre for Counselling, Nutrition and Health Care (COUNSENUTH); Development Alternatives, Inc. (DAI); Helen Keller International (HKI); *Instituto de Nutrición de Centro América y Panamá* (INCAP) (Institute of Nutrition of Central America and Panama); the International Food Policy Research Institute (IFPRI); Media for Development International; Michigan State University; Micronutrient Initiative; Tufts University; University of California – Davis (UC Davis); and Washington University in St. Louis (WUSTL).

Figure 1. FANTA Strategic Framework

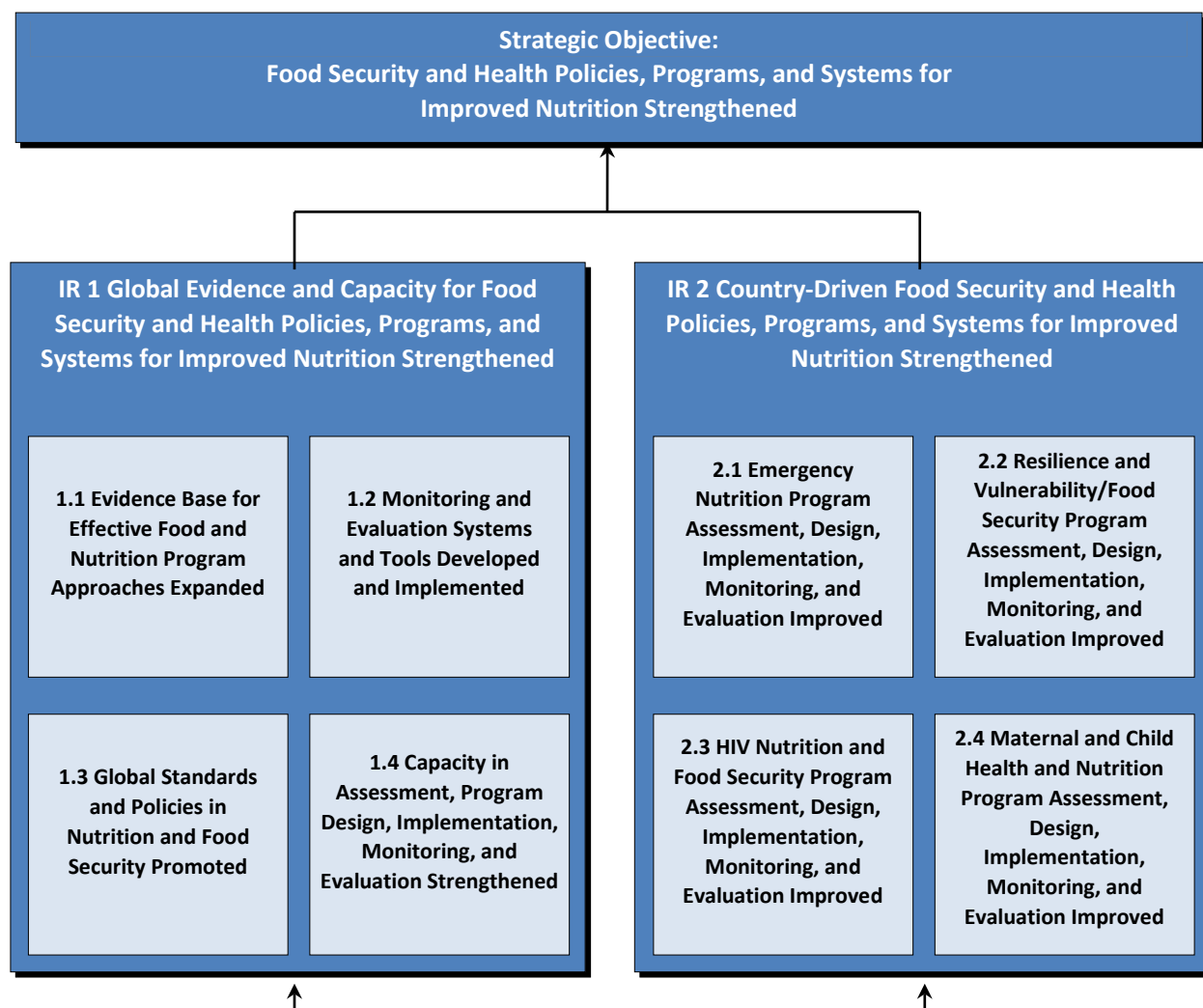


Table 1. Matrix of Country Activities by Sub-IR

COUNTRIES	IR 1				IR 2			
	1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded	1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented	1.3 Global Standards and Policies in Nutrition and Food Security Promoted	1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened	2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.2 Resiliency and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved	2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved
Bangladesh	X				X			X
Bolivia	X							
Burundi	X							
Côte d'Ivoire		X					X	
DRC							X	
Ethiopia							X	X
Ghana					X		X	X
Guatemala	X			X		X		X
Haiti				X		X	X	X
Honduras	X							
India	X							
Kenya	X							
Lesotho							X	
Madagascar	X							
Malawi	X						X	
Mozambique				X			X	X
Namibia							X	
Niger				X				
South Sudan						X		
Tanzania						X	X	
Uganda				X	X	X	X	X
Vietnam					X		X	
Zambia							X	

At a Glance: FANTA Project Year 2 Key Achievements

Using Evidence-Based Tools to Develop Food-Based Recommendations

To improve the quality of dietary patterns in the Western Highlands of Guatemala, FANTA worked with INCAP to formulate food-based recommendations and other strategies to improve nutrient intake, using an innovative tool called Optifood. Optifood allows public health professionals to develop and test population-specific food-based recommendations to meet the nutritional needs of people, based on their local diets. Optifood was developed by the World Health Organization in collaboration with the London School of Hygiene and Tropical Medicine, FANTA, and B-Infinity.

In Project Year 2, the Optifood results and key findings were presented through a variety of outreach events to the Government of Guatemala, USAID partners, academia, and potential private sector partners. These results have been embraced by a variety of potential collaborators, such as private sector food companies, who see great potential to use Optifood results to tailor their products to address “problem nutrients” that cannot be adequately provided through local diets.

Providing New Guidance on Implementation of Nutrition Assessment, Counseling, and Support

The nutrition assessment, counseling, and support (NACS) approach comprises a set of priority nutrition interventions to be delivered as part of routine health care services. NACS covers prevention, detection, and treatment of malnutrition and maintenance of improved nutritional status. For people with chronic diseases such as HIV and tuberculosis, NACS can identify nutrition problems early and provide counseling and resources to help ensure adequate food intake, improve nutritional status, boost immune response, and improve response to treatment of illness. FANTA has developed several country-specific NACS training guides for health care providers and is developing global guidance that can be adapted for country use. The guidance consists of a set of modules that policymakers, planners, and implementers can use to plan, establish, improve, and scale up NACS services. These modules will be available on FANTA’s website during Project Year 3 and will be updated as new evidence and experience are available.

Using PROFILES for Nutrition Advocacy

PROFILES, an evidence-based advocacy tool developed by FHI 360 with USAID funding, uses computer models and country-specific data to project the consequences that reducing malnutrition will have on a country in terms of lives improved and saved and economic losses averted. Those estimates are then used to engage country governments and other high-level stakeholders in a collaborative process to identify and prioritize actions to reduce malnutrition.

In Project Year 2, FANTA led multistakeholder collaborative processes that culminated in estimates that illustrated the consequences of malnutrition in both Haiti and Ethiopia. In Ethiopia, the analysis led to the elaboration of a nutrition advocacy plan. In Bangladesh, FANTA built on PROFILES and nutrition costing model analyses to advocate for increased attention and government support of nutrition by developing and distributing nutrition messages and conducting media training, among other activities.

In response to increasing interest in PROFILES and nutrition costing by USAID and country stakeholders, FANTA will develop a comprehensive manual for nutrition advocacy using PROFILES and

nutrition costing. This manual will include step-by-step instructions for program managers and others interested in using the advocacy tools. In addition, FANTA began development of a PROFILES module that links nutrition to cognitive development and educational performance.

Studying the Effectiveness of Title II Development Food Assistance Programs

To document the effectiveness of USAID Office of Food for Peace (FFP) Title II development food assistance programs during the 2003–2009 time period, FANTA assessed the approaches used and results achieved in more than 100 programs in 28 countries. The assessment identified promising practices, innovations, lessons learned, strengths, weaknesses, and constraints to achieving results. FANTA held two webinars and a stakeholder event to present findings, and also presented findings at an FFP Food Aid Manager's Course. Both the full Second Food Aid and Food Security Assessment (FAFSA-2) report and a summary of the full report's findings are posted on the FANTA website.

In addition, FANTA presented preliminary findings from its assessment of program exit strategies in four countries—Bolivia, Honduras, India, and Kenya. These multiyear studies investigated one of the persistent challenges of Title II development food assistance programs: how to ensure that the benefits of the interventions are sustained after programs end.

Sharing Findings from Innovative Research

At the September 2013 International Congress for Nutrition in Granada, Spain, findings from innovative FANTA research were presented, including:

- Results from a study that evaluated the effectiveness of lipid-based nutrient supplements (LNS) for the prevention of chronic malnutrition in children and the improvement of nutritional status in pregnant and lactating women in Bangladesh
- How maternal education and decision-making power modify the association between household dietary diversity and child height in Burundi
- Results from a study in Malawi that investigated the extent to which adverse birth outcomes can be reduced through dietary interventions during pregnancy
- Results from studies in Bolivia, Honduras, and Kenya to evaluate the sustainability of Title II program activities and impacts 2 years after the program's close

The findings from these research activities will strengthen the design of food security and nutrition programs targeting vulnerable populations.

Creating the Next Generation of Leaders in Nutrition: The Uganda Nutrition Fellowship Program

FANTA established the Uganda Nutrition Fellowship, a program that promotes skill-building in leadership, teamwork, communication, and nutrition technical topics through a fellowship program that targets new graduates in nutrition and agriculture. FANTA placed eight Fellows with host organizations, including ministries, hospitals, and nongovernmental and civil society organizations, to gain on-the-job experience. The program will continue into Project Year 3, with Fellows participating in quarterly retreats and professional development training and carrying out a project specifically related to their placement. Recruitment for the second class will begin in 2014, with the transition of program ownership to local Ugandan organizations planned for the future.

IR 1 Global Evidence and Capacity for Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened

Through various key global and U.S. initiatives, including FTF and the Scaling Up Nutrition (SUN) movement, the international community has made a significant commitment to improving nutrition. FANTA builds on the existing evidence base, such as research evidence documented in the landmark 2013 *Lancet* “Maternal and Child Undernutrition” series, for targeting interventions aimed at preventing undernutrition during the 1,000-day window. In Project Year 2, FANTA continued working to develop and test methods, tools, and program approaches that inform and support **how** to implement effective programs and policies to improve nutrition, while continuing to strengthen the evidence base on **what** interventions work in key areas, seeking ultimately to strengthen and improve the capacity of programs and systems that deliver nutrition services. FANTA’s strategic research studies also inform the development of tools, M&E, and capacity strengthening activities.

IR 1.1 Evidence Base for Effective Food and Nutrition Program Approaches Expanded

In Project Year 2, FANTA conducted research activities in priority areas, including effectiveness studies, delivery science, operations research, impact evaluations, cost-effectiveness studies, and secondary data analysis, to test and validate new and promising program approaches and strategies. Results from these activities are used to develop practical tools (such as calculators, software, and M&E indicators) and guides (such as technical reference materials and training modules) to facilitate the adoption of promising practices (reported under **IRs 1.2 and 1.4**) and to improve nutrition programs across a range of settings (reported under **IRs 2.1 through 2.4**). The results also contribute to the development of global standards and policies in nutrition and food security (reported under **IR 1.3**).

USAID Office of Food for Peace Program Policies and Approaches

The Title II development food assistance program is the largest nonemergency food aid program in the world, providing more than US\$350 million in development resources on an annual basis to reduce food insecurity among vulnerable populations in Africa, Asia, and Latin America and the Caribbean. In light of this substantial investment by USAID, it is imperative that Title II food and nutrition program approaches reflect state-of-the-art knowledge. In Project Year 2, FANTA worked with FFP to carry out the following four activities to build the global evidence base for effective food security and nutrition program approaches and policies.

Preventing Malnutrition in Children under 2 Approach (PM2A) (funded by FFP, October 2010–September 2016, implemented by IFPRI). PM2A is a food-assisted approach to prevent child malnutrition by targeting a package of health and nutrition interventions during the critical 1,000-day window of opportunity to all pregnant women, mothers of children 0–23 months of age, and children under 2 years of age in food-insecure program areas, regardless of nutritional status. PM2A supports the provision of three core services to participants: conditional food rations, preventive and curative health and nutrition services for children and women according to national protocol, and social and behavior change communication (SBCC).

A 2007 FANTA, IFPRI, World Vision/Haiti, and Cornell University study in Haiti showed that PM2A is effective in preventing child malnutrition by targeting all children under 2. However, the relatively high program cost of PM2A remains an issue. In FY 2010, USAID initiated two large Title II development food assistance programs, one in Guatemala (implemented by Mercy Corps) and one in Burundi (implemented by Catholic Relief Services [CRS]), to scale up the model and assess ways of reducing operational costs while maintaining the kind of impact that had been seen in Haiti.

FANTA initiated a cluster-randomized trial in Guatemala and Burundi with the Title II awardees to further refine PM2A, examining the impact of different types and duration of individual rations and the need for and size of the household ration. The main research questions and outcomes being investigated are the impact and cost-effectiveness of PM2A on child nutritional status (stunting, underweight, and anemia) and the optimal composition, size, and duration of PM2A food rations.

In Guatemala in Project Year 2, FANTA completed the enrollment of pregnant women in the study and continued to collect longitudinal data among already enrolled women and their children, and also continued to collect program costing data. A round of operations research was completed and a workshop was organized to discuss the results with stakeholders in Guatemala. An enrollment report and a report of the operations research were published on FANTA's website in Project Year 2.

In Burundi in Project Year 2, FANTA carried out the first survey to follow up on the baseline survey previously carried out by the project, with a focus on children 0–24 months. FANTA also completed a round of operations research, which was published on the FANTA website, and continued collecting program costing data to be used in the cost-effectiveness analysis at the end of the study.

FANTA planned to host a PM2A stakeholder event in Washington, DC, in Project Year 2; however, the event was postponed to October 10, 2013.

Downstream uses of food aid (FFP, proposed). Policymakers and researchers pay considerable attention to food aid, specifically the types, quantity, and quality of food used and the criteria for selecting the beneficiaries to be targeted for receiving the food. However, much of this attention focuses on aspects located “upstream” from the distribution point, before beneficiaries are provided the food. Comparatively less consideration is given to what happens to food “downstream,” after beneficiaries have received the food. Similarly, there have been few studies to investigate how distributed food gets integrated into household diets and community economies, the impact it has on household livelihoods, and if the use of the distributed food differs by commodity.

To increase knowledge in these areas and gain a better understanding of the intended and unintended consequences of food aid on individuals, households, and communities, including implications for gender equity, FANTA proposed to carry out a series of research studies in varied country settings with operational Title II development food assistance programs. In Project Year 2, FANTA began a consultative process to outline a detailed research agenda to investigate downstream uses of food aid in the context of development food assistance programs. This work included a review of the available evidence and project-wide discussion on the potential research questions to be addressed. A concept note was shared with FFP for its review and consideration of the activity.

Effective exit strategies for Title II development food assistance programs (funded by FFP, March 2009–August 2014, implemented by Tufts University). One of the persistent challenges of development programs is to ensure that the benefits of their interventions are sustained after the programs end. All Title II development food assistance programs must incorporate into their designs a specific exit strategy that describes how the program intends to withdraw from the program area while ensuring that the benefits of

any program achievements are not jeopardized and that progress continues. A FANTA review of documented experience with Title II program exit strategies found little rigorous evidence on the effectiveness of different types of exit strategies. This represents a critical gap in knowledge about program design and implementation; filling this gap is essential to provide guidance on the design of effective exit strategies.

To explore the effectiveness of exit strategies and to provide guidance to future programs on how to incorporate exit strategies into program designs that will increase the likelihood of benefits being sustained after the programs end, FANTA initiated multiyear studies in Bolivia, Honduras, India, and Kenya. Each country study included three components:

- A review of awardees' planned exit strategies and implementation of those strategies in the final program year
- A qualitative review 1 year after the program ended to understand processes of change
- An in-depth qualitative and quantitative assessment 2 years after exit to assess the extent to which the impacts of the program were sustained or improved, and to understand factors of success or failure in the specific exit strategies

All three components of the study were completed in all countries by the end of Project Year 2. FANTA organized a stakeholder dissemination event, held at the FHI 360 conference center in Washington, DC, on February 7, 2013, to present the preliminary findings from the four country studies. Also in Project Year 2, individual country reports were drafted for Honduras and Kenya. These reports, along with reports for Bolivia and India and a summary report to synthesize the qualitative and quantitative findings across all rounds of data collection in the four countries, will be finalized in Project Year 3.

Second Food Aid and Food Security Assessment (funded by FFP, October 2010–April 2013). The primary objective of the FAFSA-2 was to document the overall achievements of Title II development food assistance programs since the 2002 FAFSA. This included assessing the approaches adopted and results achieved in the principal technical sectors, and identifying promising practices, innovations, lessons learned, strengths, weaknesses, and constraints to achieving results. In Project Year 1, FANTA organized stakeholder events to present the FAFSA-2 findings.

During Project Year 2, FANTA delivered two webinar sessions to present the FAFSA-2 findings across the five technical sectors (agriculture/natural resources management; infrastructure; MCHN; water, sanitation, and hygiene; and HIV) to remote-based stakeholders. FANTA also held a stakeholder event to present FAFSA-2 findings related to performance management and multisector program integration. In addition, on August 15, 2013, FANTA presented the key findings from the FAFSA-2 at the FFP Food Aid Manager's Course in Arlington, Virginia. Full and abridged versions of the final FAFSA-2 report were both published in Project Year 2.

Specialized Food Product Studies

In recent years, there has been remarkable progress in the development and improvement of specialized food products (SFPs) designed to prevent and/or treat poor nutritional status. In Project Year 2, FANTA conducted or proposed research using state-of-the-art SFPs to assess the acceptability, safety, and effectiveness of these products for preventing malnutrition among children; improving the nutritional status of pregnant and lactating women (PLW), people living with HIV (PLHIV), and tuberculosis (TB) clients; and maintaining the nutritional status of non-pregnant, non-lactating adults in emergency contexts.

Effectiveness of LNS in Bangladesh (funded by USAID Bureau for Global Health [GH], September 2011–March 2016, implemented by UC Davis). FANTA is conducting an effectiveness study to evaluate the use of LNS for the prevention of chronic malnutrition in children and the improvement of nutritional status among PLW in Bangladesh. This cluster-randomized, controlled effectiveness study involves four study arms:

- LNS to a group of mothers during pregnancy and the first 6 months postpartum, plus LNS to their children starting at 6 months of age through 24 months
- Iron/folic acid (IFA) to a group of mothers during pregnancy and the first 3 months postpartum, and LNS to their children starting at 6 months of age through 24 months
- IFA to a group of mothers during pregnancy and the first 3 months postpartum, and multiple micronutrient powders (MNP) to their children starting at 6 months of age through 24 months
- IFA to a group of mothers during pregnancy and the first 3 months postpartum, and no additional supplement to their children

The study evaluates the impact of these approaches on nutrition, health, and developmental outcomes of participating children through 24 months of age and on the health and nutrition outcomes of their mothers.

Along with this study, FANTA is carrying out complementary socioeconomic research activities to assess the willingness to pay for LNS and MNP, the relative and absolute cost and cost-effectiveness of each approach, and public and private benefits of LNS and MNP use. Finally, to understand the operational aspects of delivering these types of supplements through community-based programs, FANTA is also conducting a process evaluation to assess barriers and constraints to optimal delivery and uptake of the LNS and MNP interventions.

In Project Year 2, a presentation of the preliminary birth outcome findings was made to USAID on September 5, 2013; a draft report on supplement adherence among pregnant women enrolled in the study was completed; and a poster on the adherence results was presented at the International Congress for Nutrition in Granada, Spain, on September 16, 2013. Ongoing longitudinal data collection during Project Year 2 included maternal, birth, and child outcomes (e.g., anthropometry, micronutrient status and anemia, maternal depression, and motor development of children), as well as data for the socioeconomic and process evaluation work (e.g., willingness to pay for the nutrient supplements and health expenditures).

Effectiveness of dietary interventions during pregnancy in Malawi (funded by GH, March 2011–December 2014, implemented by UC Davis). While daily complementary feeding of infants with LNS might have potential to reduce the incidence of severe stunting before the age of 18 months, linear growth retardation often starts before 6 months of age, in the fetal period or as the result of a preterm birth. Previous studies have shown maternal reproductive tract infections and malaria during pregnancy to be important risk factors for preterm births and infants born with low birth weight, which are associated with linear growth faltering in early childhood and beyond.

Building on these studies, FANTA initiated a study to investigate the extent to which adverse birth outcomes can be reduced through dietary intervention during pregnancy. The randomized, controlled clinical trial is being carried out in Malawi with 1,391 pregnant women, randomized to receive one of three daily interventions until delivery: LNS, multiple micronutrient supplementation, or IFA supplementation. The results of the study will inform whether LNS or multiple micronutrient supplementation—in comparison to the standard of care (IFA supplementation)—during pregnancy can

reduce the effect of maternal infection during pregnancy on preterm births and infants born with low birth weight.

In Project Year 2, data from enrolled women and their infants were collected, stored, and analyzed. A presentation of the preliminary birth outcome findings was made to USAID on September 5, 2013, and at the International Congress for Nutrition in Granada, Spain, on September 16, 2013. The final study report will be completed in Project Year 3 and submitted for publication in a peer-reviewed journal.

Effectiveness of interventions for sustaining nutritional status among children who have recently recovered from moderate acute malnutrition (MAM) (funded by GH, November 2012–December 2014, implemented by WUSTL). Research carried out by WUSTL and completed in Project Year 1 showed that more than 30 percent of children in Malawi who successfully recovered from MAM after treatment either relapsed or died within a 12-month follow-up period. This finding suggests that children successfully treated for MAM remain vulnerable and might benefit from additional interventions and/or a longer period of food supplementation.

To investigate the possibility of improving the long-term effectiveness of MAM treatment, in Project Year 2, FANTA undertook a study to examine the effectiveness of a longer period of food supplementation, along with provision of four common health interventions, for sustaining good nutritional status among children in the year following recovery from MAM. The study is being carried out in Malawi as an add-on to an externally funded study that will investigate the relative effectiveness of whey vs. soy ready-to-use supplementary food (RUSF) for treatment of MAM among children. The FANTA add-on study randomizes, by site, children who have recovered from MAM into either an intervention or a control group. Members of the intervention group receive whey RUSF for 8 weeks beyond their recovery from MAM, along with malaria chemoprophylaxis for 3 months, a 14-day course of zinc to improve environmental enteropathy, a one-time albendazole treatment for deworming, and a single insecticide-treated bed net. Children in the control group receive only bed nets after recovery from MAM. The study will provide data to assess the effectiveness of the follow-up intervention for sustained recovery from MAM, and will also enable comparisons of sustained recovery by initial MAM treatment assignment (i.e., whey vs. soy RUSF). In Project Year 2, the protocol for the study was finalized, Institutional Review Board approvals were obtained, and study implementation began.

Interventions to effectively treat MAM among HIV-positive and HIV-negative women during pregnancy (GH, proposed, implemented by WUSTL). Malnutrition during pregnancy is common in low-income women in the developing world due to inadequate dietary intake combined with increased nutrient requirements during pregnancy; the potential for complications for the mother and child in this at-risk population is more consequential than among other demographic groups due to an increased risk of maternal and infant mortality and the lifelong effects of fetal malnutrition. HIV infection increases the risk of poor outcomes associated with malnutrition during pregnancy. Internationally, there is no agreement on the method of diagnosis or treatment of moderate or severe malnutrition during pregnancy; the World Health Organization (WHO) does not have guidelines for the diagnosis or nutritional treatment of pregnant women with moderate or severe malnutrition. In addition, the benefits of treatment of MAM during pregnancy remain undocumented.

To respond to this gap in evidence-based treatment protocols, FANTA proposed initiating a study in Project Year 2 to test the hypothesis that providing either fortified flour plus a multiple micronutrient tablet, or RUSF designed to replenish the nutrient deficits during pregnancy, will result in improved MAM recovery rates among pregnant women and higher infant birth weights and lengths compared to the current standard of care in Malawi, which is a ration consisting of corn-soy blend (CSB) and IFA supplementation. At the end of Project Year 2, FANTA received approval to move forward with this

study. In Project Year 3, the protocol for the study will be finalized, the necessary Institutional Review Board approvals will be obtained, and study implementation will begin.

Mid-Upper Arm Circumference Studies

Mid-upper arm circumference (MUAC) has become an accepted measure for screening children for acute malnutrition and for determining eligibility for services to manage acute malnutrition in children. Because MUAC is a simple measure that can be carried out at both community- and facility-based settings, use of MUAC has improved the ability of frontline health workers to screen and assess acute malnutrition among children and to assess nutritional status and determine eligibility for nutrition support among adolescents and adults, especially PLW and clients with HIV and/or TB. Building on the promise of MUAC as a simple, reliable indicator of nutritional status, in Project Year 2, FANTA carried out a set of research studies to help build the evidence base for expanding the use of MUAC among diverse target groups in various programmatic settings.

Standardized MUAC cutoffs for adolescents and adults (funded by the USAID Office of HIV/AIDS [OHA], August 2012–October 2013). Although MUAC is commonly used to determine the nutritional status of adolescents and adults, global standards to classify acute malnutrition among adolescents and adults using MUAC have not been established by WHO. As a result, different countries and programs use different MUAC cutoffs to determine eligibility for program services among these population groups. Establishment of standardized MUAC cutoffs for determining MAM and severe acute malnutrition (SAM) among adolescents and adults is needed to strengthen and harmonize programming in integrated management of acute illness, HIV, and TB programs, as well as in broader maternal health and nutrition programs.

To address this gap and complement WHO's review of MUAC-related literature, FANTA initiated a research project to build the evidence for the use of standardized MUAC cutoffs as indicators of MAM and SAM among adolescents and adults, including PLW until 6 months postpartum. The core component of this research initiative was a systematic review of the peer-reviewed literature to compile and synthesize findings across studies that have examined the association of low MUAC with other measures of poor nutritional status, or poor functional or clinical outcomes, among adults and/or adolescents. In Project Year 2, FANTA completed a draft report of the systematic literature review. The report will be published on the FANTA website and submitted for publication in a peer-reviewed journal in Project Year 3.

Simplification of CMAM discharge criteria (funded by GH, March 2011–December 2013). Two of the primary advantages of programs that provide CMAM services are wide-scale coverage and the ability of families to return more quickly to their daily lives. Simplification of the protocol to save time and costs and reduce complexity cannot be done at the expense of providing care for more children. Programs currently use weight-for-height or the percent weight gain measure to monitor treatment progress and assess eligibility for discharge. However, using MUAC instead could offer significant time and cost savings for program staff, simplifying both monitoring and discharge procedures.

To explore this, FANTA initiated an operational study in Malawi to test the safety of using a MUAC of 125 mm for two consecutive visits as a discharge criterion for children admitted to programs that provide CMAM services. Children 6–59 months of age with a MUAC < 115 mm without medical complications that presented at select CMAM sites were enrolled in the study beginning in March 2011. Once a child attained a MUAC of at least 125 mm for two consecutive visits, the child was discharged from treatment as recovered. Recovered children continued to be monitored biweekly for 3 months after discharge to assess if any adverse outcomes (including relapse or death) had occurred. If fewer than 10 percent of the

discharged children experienced relapse or non-accidental death in the 3 months following discharge, MUAC \geq 125 mm would be considered “safe” in the context of this study. This study was completed in Project Year 2, and findings are expected to be available in Project Year 3.

Delivery Science Studies

FANTA carries out delivery science research to understand how to implement effective, efficient, and equitable food and nutrition programs. Through delivery science research, FANTA aims to bridge the gap between proven interventions and the effective delivery of those interventions in a programmatic setting. In Project Year 2, FANTA worked on the following three delivery science activities.

Integration of family planning into nutrition and food security programming (funded by the USAID Office of Population and Reproductive Health [PRH], May 2013–May 2014). Family planning can positively affect household food security through a reduction in a country’s population growth rate, which in turn can decrease the country’s food supply needs and result in increased availability of food per capita. Similarly, family planning can benefit children’s nutritional status through increased household food security and the improved dietary practices that are likely to result. Family planning can also improve children’s nutritional status through the benefits conferred by appropriate birth spacing, which include a reduced risk for a preterm and/or low weight birth baby, both important contributing factors to linear growth retardation among children (i.e., stunting).

Despite these links, to date there has been little programmatic experience in integrating family planning into food security and nutrition programming. In addition, what little programmatic experience has been acquired has not yet been comprehensively documented or reviewed. As a result, little is known about what has and has not worked operationally in these programs.

To build the evidence base in this area, in Project Year 2, FANTA began a desk review to document and synthesize the programmatic experience of integrating family planning into food security and/or nutrition programming. The review focuses on USAID-funded development (nonemergency) programs implemented during 2003–2013. FANTA systematically targeted a wide range of USAID funding streams to identify relevant programs and collect program documents for the review, including Title II development food assistance; FTF; Child Survival and Health Grants; Flex Funds; and population, health, and environment programs.

FANTA initiated a call for programs to solicit program recommendations from the broader development community. This call for programs included a brief online survey and was widely disseminated through various online communities of practice via Agrilinks, the CORE Group, the Technical and Operational Performance Support Program (TOPS) Food Security and Nutrition (FSN) Network, the Maternal and Child Health Integrated Program (MCHIP), and the Population-Health-Environment Policy and Practice Group.

In addition, FANTA conducted electronic database searches on Popline, Global Health, and the USAID Development Experience Clearinghouse to identify programs for the review.

In Project Year 3, FANTA will complete program document collection and analysis for the desk review and conduct more in-depth research and case studies on a subset of the programs identified through the desk review. The technical report resulting from this activity will include up to five case studies of programs and/or approaches that are found to demonstrate promising practices around integration of family planning into food security and nutrition programs.

Lactation amenorrhea method (LAM) delivery science study (funded by USAID/Madagascar, October 2013–November 2014). LAM is a highly effective contraceptive method determined to be more than 98 percent effective during the 6 months following delivery. Evidence suggests that use of LAM may also increase the use of modern contraceptive methods. In Madagascar, the use of LAM is extremely low; however, among women 6 months or less postpartum, LAM use increased from 3.0 percent in 2004 to 7.4 percent in 2008. To strengthen exclusive breastfeeding (EBF) and LAM-related programming in Madagascar, in Project Year 2, FANTA initiated a literature review of existing evidence and began preparations to work with USAID’s Malagasy Healthy Families (MAHEFA) program to conduct formative research to inform and guide development of high-quality implementation of EBF and LAM activities in selected areas, including development of the study protocol and questionnaire. The scope of work for the activity was refined to take into consideration feedback received from USAID/Washington in August 2013.

Assessment of growth monitoring and promotion (GMP) programs (funded by USAID/Madagascar, November 2012–December 2013). Among 19 sub-Saharan African countries for which Demographic and Health Survey data are available, Madagascar has the highest proportion of children under 3 who are stunted. According to WHO, GMP should be used not only to measure and chart the weight of children, but also to counsel parents to motivate actions that improve growth. GMP is a platform to deliver strategies for achieving behavior change and high coverage of the Essential Nutrition Actions (ENA). USAID/Madagascar recently expanded GMP activities through the provision of an additional 3,000 baby weighing scales supplied to community health volunteers. In late 2011, USAID completed a Nutrition Improvement Framework for Madagascar. One recommendation from that report was the completion of a GMP assessment.

To assist USAID/Madagascar to respond to this recommendation, in Project Year 2, FANTA conducted an assessment of current child GMP activities, with a focus on USAID/Madagascar programs. FANTA identified specific steps to strengthen GMP implementation, primarily at the community level. FANTA shared the preliminary results of the assessment at a stakeholders’ workshop and worked with stakeholders to develop an action plan to improve GMP implementation in USAID/Madagascar programs. The final report of the assessment findings and recommendations will be completed in Project Year 3.

Child Development Studies

At the direction of USAID, FANTA did not carry out any of the proposed activities in this area in Project Year 2.

IR 1.2 Monitoring and Evaluation Systems and Tools Developed and Implemented

The development of practical systems and tools to support rigorous M&E systems is a FANTA trademark. The availability of such systems and tools has transformed the types of outcomes that can be measured in low-cost household surveys and has increased the rigor and frequency with which USAID Missions and implementing organizations collect data.

M&E Systems

FANTA couples rigorous science with innovation and field practicality to develop and refine M&E systems that respond to stakeholders’ needs. In Project Year 2, this work included development of a tool to support nutrition surveillance in both development and emergency settings and building the evidence

base for indicator cutoffs that are used to define the severity of food insecurity in the Integrated (acute) Food Security Phase Classification (IPC) tool.

Review of nutrition surveillance systems (funded by the USAID Bureau for Africa). Nutrition surveillance is the tracking and forecasting of nutrition-related health events and determinants. Ideally, a surveillance system for nutrition and health monitoring should include a broad suite of appropriate indicators that are collected with reasonable frequency and with a focus on geographic areas of a country that are prone to food insecurity or nutrition and health issues. Such surveillance allows countries to identify trends in the deterioration of the nutrition, health, or food security situation well before the onset of a crisis and can facilitate the initiation of timely response and mitigation efforts.

While a variety of surveillance systems have been developed, tested, and applied, no one model is appropriate for all contexts. Furthermore, the different approaches that have been used to date have not been systematically compiled and reviewed to evaluate their appropriateness for any given context.

In Project Year 2, FANTA began a global review of existing surveillance systems that include a focus on anthropometric indicators and that are appropriate for use in a development and/or emergency context. The first phase of this review encompassed a global search for nutrition surveillance systems that have been developed and applied in different developing country contexts. A total of 116 people were contacted, which led to the identification of 16 active surveillance systems for which detailed information on design and reporting was available. The second phase of the review—to be implemented in Project Year 3—will entail the analysis of the key attributes and relative strengths and weaknesses of the various approaches. This analysis will result in recommendations on appropriate uses of each approach, as well as a draft technical report. The report will be summarized in a user-friendly matrix that will help implementing organizations determine which type of surveillance system best suits their needs.

The IPC household food consumption indicators study (funded by the USAID Bureau for Africa). The IPC is a technical approach designed to provide food security technicians and decision makers with timely, reliable, comparable, and accessible information on food security conditions and outcomes at household and/or area (e.g., livelihood zone, administrative unit) levels. The IPC is also a forum involving governments, the United Nations (U.N.), nongovernmental organizations (NGOs), and civil society organizations (CSOs) that conduct joint food security analysis to reach technical consensus on the nature and severity of food insecurity in their country. The approach consists of several resources, including an analytical framework for classifying the severity of food insecurity and tools and protocols for integrating and classifying existing food security information at national and subnational levels according to a standard scale.

The Famine and Early Warning Systems Network (FEWS NET) has played a key role in the initial application of the IPC scale, and has contributed substantially to technical discussions regarding revisions to the scale. FANTA has also contributed technical expertise to the development of the IPC's technical materials, as some of the household food consumption indicators the IPC uses were developed by FANTA (e.g., household hunger scale, household dietary diversity score).

In Project Year 2, FANTA and FEWS NET collaborated to initiate a study to more closely examine the food consumption indicators that the IPC uses for household-level acute food insecurity phase classification. In particular, to determine more precisely how the ranges of food insecurity measured by each indicator relate to one another and to the phases of food insecurity severity set out in the IPC's acute scale, the study is examining the following household food consumption indicators: the household hunger scale, the household dietary diversity score, the coping strategies index, the food consumption score, and outcome analysis from the household economy approach. In Project Year 2, FANTA and FEWS NET

successfully engaged the IPC's Global Support Unit and the World Food Programme (WFP) as technical collaborators and solicited and collected the secondary data on which the study will be based. We anticipate completing the study in Project Year 3, with the results allowing for a more precise understanding and classification of acute food insecurity severity in the IPC.

Development of an IPC chronic food insecurity severity phase classification (funded by GH). The IPC currently focuses largely on classifying the severity of acute food insecurity to help food security technicians and others make decisions regarding short-term strategic objectives. In 2011–2012, however, the IPC began concerted work to develop a complementary means of classifying the severity of chronic food insecurity to support decisions associated with medium- and long-term objectives, including efforts to reduce child undernutrition and ending preventable maternal and child deaths. The IPC's chronic and acute food insecurity classifications are not mutually exclusive; both are important to understand to comprehensively respond to food insecurity.

In Project Year 2, FANTA participated in a working group with a series of other global stakeholders, including the World Bank, WFP, the Food and Agricultural Organization of the United Nations (FAO), UNICEF, Oxfam, Save the Children, and FEWS NET, to develop an agreed-upon system for classifying chronic food insecurity. The working group met to:

- Identify lessons learned from initial efforts to pilot a chronic scale prototype
- Discuss and come to consensus on key technical issues to facilitate piloting of a revised chronic scale prototype
- Develop criteria for testing the revised scale in a second round of piloting, to be undertaken in early Project Year 3, with release of the first version of the chronic food insecurity classification system to follow

This classification system marks the first global effort to develop a standardized, transparent, evidence-based system to classify chronic food insecurity to improve decision makers' understanding of its main drivers and develop the responses required to effectively address it.

Indicator Development and Harmonization

In collaboration with USAID, international organizations, and private voluntary organizations (PVOs), FANTA works to advance the M&E metrics adopted by food and nutrition programs. This work has included indicator development and validation and preparation of indicator guides and handbooks to facilitate standardized data collection using recommended and field-verified methods. In Project Year 2, FANTA worked to harmonize NACS indicators across agencies and organizations to allow for consistent and comparable data to be collected across programs and geography.

Harmonized indicators for nutrition assessment, counseling, and support (funded by OHA). FANTA has previously identified a core set of harmonized indicators for NACS, which were developed in collaboration with OHA, and developed initial guidance on these indicators. These indicators cover three main areas: nutrition care and HIV, prevention of mother-to-child transmission of HIV (PMTCT) and infant feeding, and food security and HIV. The aim of harmonizing NACS indicators was to facilitate the understanding of NACS outputs and its adoption by U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Partners as a programmatic approach to a broader framework for nutrition interventions in the HIV context.

In Project Year 2, FANTA refined guidance on these NACS indicators to assist OHA in successfully including these indicators in the Joint U.N. Special Programme on HIV/AIDS (UNAIDS) Indicator

Registry. This registry is a central repository of indicators that have been agreed on and endorsed by a wide range of multilateral agencies and international organizations to track the global response to the HIV epidemic.

PMTCT and infant feeding indicators (funded by OHA). In Project Year 2, FANTA planned to assist OHA in documenting the feasibility of collecting data on an indicator developed under the WHO/PEPFAR nutrition/HIV M&E consultation related to PMTCT and infant feeding, namely the HIV-Free Survival indicator. It was also anticipated that FANTA would participate in meetings to identify key steps related to rollout and adoption of the other indicators developed as part of the consultation. However, in Project Year 2, OHA shifted its priority to focus on the all-encompassing Partnership for HIV-Free Survival (PHFS). FANTA will play a coordinating role in this partnership that will also seek to support in-country PHFS efforts that aim to strengthen the monitoring and surveillance systems in place to capture data related to the HIV-Free Survival indicator and other key PMTCT and infant feeding indicators.

IR 1.3 Global Standards and Policies in Nutrition and Food Security Promoted

Global codification of state-of-the-art proven approaches through statements, policies, and guidelines issued by international organizations, such as FAO, UNICEF, WFP, and WHO, is essential to enable widespread and sustainable uptake. In Project Year 2, FANTA built on our relationships with key international organizations to facilitate the uptake of FANTA outputs and supported global collaboration to develop and disseminate guidance and training materials and to build the evidence base in relevant project focus areas. FANTA also provided support to key USAID central offices. FANTA assisted these offices in strengthening policies and guidelines in key areas of technical competence related to food security and nutrition.

Anthropometric Indicators

Anthropometric Indicators Measurement Guide (funded by GH). In 2003, FANTA published the *Anthropometric Indicators Measurement Guide*. The guide was targeted to IPs of the FFP Title II program and the USAID Child Survival and Health Grants Program, and it remains the key document used by these programs. However, the current guide is out of date. Since its release, standard indicators for FFP have been updated, WHO has released new child growth standards, and MUAC has become a key indicator for CMAM, among other changes.

After conducting a technical review of the existing *Anthropometric Indicators Measurement Guide* and receiving feedback from stakeholders in Project Year 2, FANTA determined that the guide requires a thorough rewrite involving expert consultation, rather than a simple update. To this end, FANTA developed a new concept and outline for a *Guide to Anthropometry* and conducted a survey among end-users to determine priorities for inclusion in a new guide. Development of the new *Guide to Anthropometry* will continue into Project Year 3.

Specialized Food Products

FANTA participates in international consultations and working groups and engages with researchers and implementing organizations to advance the state of knowledge on SFPs for the prevention and treatment of malnutrition. As part of this work, FANTA has supported USAID to update its guidelines and documentation to specify the nutrient profile of Title II commodities and to outline the recommended use of SFPs. In Project Year 2, FANTA carried out the following activities.

LNS Research Network (LNSRN) (funded by GH). FANTA participated in the LNSRN, an electronic roundtable established to share information about LNS research and to contribute to the dissemination of knowledge about the formulation, production, ongoing research, and use of LNS products for the prevention of malnutrition among children and other target groups, such as PLHIV and PLW. In Project Year 2, updated LNSRN research profiles for its ongoing studies involving LNS.

USAID Commodity Reference Guide (CRG) (funded by FFP). FANTA supports FFP to update the CRG when commodities are revised or added or as programming guidance changes. In June 2011, FANTA outlined and discussed needed CRG updates and the process for carrying out the proposed updates. In Project Year 2, FANTA planned to provide TA to update priority areas of the CRG, as requested, through dialogue with FFP, Tufts University, and potentially other USAID partners and stakeholders. However, in Project Year 2, no updates to the CRG were requested.

Title II Program Support

Continuing a hallmark of FANTA support to FFP and the Title II program, in Project Year 2, FANTA supported the development and refinement of indicators used to monitor Title II awardee efforts, reviewed Title II program applications to ensure technical integrity, and developed guidance to help awardees meet their M&E requirements under the Title II program.

M&E policies and reporting for FFP (funded by FFP). FFP fulfills its responsibility of reporting on Title II-supported activities by submitting reports and responding to ad hoc information requests from its USG stakeholders. To support this, Title II development food assistance programs are required to develop M&E systems that produce information that FFP can use in its reporting. In Project Year 2, FANTA provided TA to FFP for the development of a *Monitoring, Evaluation, and Reporting Policy and Guidance* document for Title II development food assistance programs. FANTA drafted an outline for the overall document and prepared a first draft of one of the key chapters that outlines M&E requirements at award initiation.

In FY 2013, FFP launched its new management information system, which will be used as the mechanism for awardees to submit reporting requirements. FANTA supported this process by providing feedback on the overall database structure and the information required for reporting on each FFP indicator (data points for each indicator, indicator disaggregations, and tabulation instructions for each indicator at the program and aggregate level). FANTA also revised and updated Standardized Annual Performance Questionnaire (SAPQ) instructions to facilitate their integration into the FFP management information system.

Also in Project Year 2, FANTA prepared highlights of outcomes and impacts in FY 2012 by drawing from the narrative sections of the FY 2012 Title II awardee Annual Results Reports. FANTA also undertook a summary of midterm and final evaluation impacts, synthesizing findings from across each program and presenting a written summary to FFP. In addition, FANTA produced a total of six impact stories, summarizing key accomplishments from programs in Burundi, Madagascar, Mali, and Niger, and

from two programs in Guatemala. This information provides FFP with summary data of key Title II development food assistance program successes, which FFP can use in reporting to its stakeholders.

Following up on the menu of annual monitoring indicators that FANTA prepared for FFP's consideration in Project Year 1, FANTA worked with FFP to refine and finalize this list of indicators in Project Year 2. This involved a series of consultations with FFP and its stakeholders, continued discussion and dialogue with FFP, and obtaining relevant input from FTF. The finalized list of indicators was released to the public in April 2013. To support reporting of this new set of indicators, FANTA organized an annual monitoring workshop for FY 2012 awardees in Washington, DC, in July 2013. The purpose of the workshop was to strengthen the capacity of FY 2012 awardees to collect the new set of FFP annual monitoring indicators.

Also in Project Year 2, FANTA updated the *FFP Indicator Handbook*. This handbook provides the definitions, questionnaires, and tabulation instructions for each of the FFP indicators to be collected at baseline and final evaluation. FANTA developed the handbook in 2012 as an accompanying document to the FFP Information Bulletin 11-03 that listed the new FFP indicators for baseline and final evaluation surveys. In 2013, FFP decided to slightly modify some of the indicators to better align with Office of U.S. Foreign Assistance Resources (F) and FTF indicators as well as to adopt additional indicators on poverty and prevalence and treatment of diarrhea among children. As a result, FANTA updated the handbook to be consistent with the new list of baseline and final evaluation indicators, including adding performance indicator reference sheets, questionnaires, and tabulation instructions for the additional indicators.

Title II program application reviews and pre-application review technical sessions for FFP (funded by FFP). Each year FFP receives and evaluates applications for its Title II development food assistance programs. In Project Year 2, FANTA participated in the FY 2013 FFP technical evaluation committees to review applications for Haiti and Zimbabwe, providing detailed comments on the quality of proposed interventions, the ration sizes proposed for various target groups, and the M&E plans.

Early warning and response (EWR) “vision” document (funded by FFP). An ability to simultaneously address chronic and transitory food insecurity is central to FFP's current strategic plan. The identification and monitoring of trigger indicators and the implementation of commensurate emergency response plans within development food assistance programs are key components of a program's capacity to address the various types of food insecurity to which Title II programming beneficiaries are prone—and they are also necessary to increase these populations' resilience to the shocks that contribute to their food insecurity. However, to date, conceptualization and use of trigger indicators has gained little traction, and development of *ex ante* emergency response plans within development food assistance programs is atypical. FANTA sees continued, concerted efforts to develop clear, useful, and appropriately scaled food security EWR mechanisms within development food assistance programs as worthwhile and an effective means of facilitating more context responsive and efficient programming.

However, effective implementation of the EWR mechanism requires some rethinking and reframing of the tools and their purpose away from structural program response (injecting emergency resources into development programs) and toward monitoring of program context (tracking and responding to the evolution of key food security conditions in areas of implementation). To this end, FANTA has reviewed trigger indicators and emergency response planning mechanisms currently in place and, in Project Year 2, drafted a series of recommendations for FFP to consider with respect to reframing EWR to make it as useful and applicable as possible to FFP, its awardees, and other food security early warning stakeholders. This document will be finalized and shared with FFP in Project Year 3.

Operationalization of standard gender indicators for Title II development food assistance programs (funded by FFP). To support the operationalization of the gender integration requirements within FFP-

supported programs, in Project Year 1, FANTA identified a menu of draft baseline/final evaluation gender indicators for use by Title II development food assistance program awardees. In Project Year 2, FANTA held a technical consultation to obtain feedback from gender and M&E experts on the draft gender indicators. Twenty participants representing several USAID Bureaus, DAI, ICF International, IFPRI, Land O'Lakes, TOPS gender and M&E task forces, and FANTA attended the meeting and provided useful recommendations.

Based on the recommendations from the technical consultation and follow-up discussions with FFP, FANTA streamlined the draft indicators to focus on three domains, namely, access to and control over resources and economic empowerment; access to information, communication, and decision making; and gender dynamics and relations. FANTA is working to finalize the list of outcome-level gender indicators within this framework and to support the development of the related annual monitoring indicators Performance Indicator Reference Sheets for all approved indicators to be ready for use in Project Year 3 by FY 2014 Title II food assistance program awardees.

Also in Project Year 2, FANTA revised the gender integration session for the September 2013 M&E workshops for newly awarded Title II development food assistance programs in Zimbabwe based on the feedback received from the FY 2012 awardees. In addition, as part of preparation for the Zimbabwe M&E workshop, FANTA reviewed the results frameworks and Indicator Performance Tracking Tables (IPTTs) of the newly awarded Title II development food assistance programs in Zimbabwe with a gender lens and provided comments on the proposed gender indicators. FANTA also provided feedback to FFP on the gender integration language and M&E requirements included in the draft FY 2014 Request for Applications for Title II development food assistance programs.

Support to the CORE Nutrition, M&E, HIV, and Social and Behavior Change Working Groups

FANTA has supported the USAID Child Survival and Health Grants Program directly on an ad hoc basis and through collaboration with the CORE Group, particularly the Nutrition, M&E, HIV, and Social and Behavior Change (SBC) Working Groups and MCHIP. In Project Year 2, FANTA continued to provide this support by participating in the CORE fall and spring meetings, which included coordinating and planning technical sessions, giving technical presentations, and providing technical clarification and feedback. FANTA also contributed to the CORE working groups by supporting the development of work plans, leading the implementation of select work plan activities, and providing technical clarification and feedback. FANTA supported the following specific activities in Project Year 2.

Nutrition Program Design Assistant (funded by GH). The *Nutrition Program Design Assistant* (NPDA), developed by the CORE Group, FANTA, and Save the Children, was released in 2010. In Project Year 2, FANTA collaborated with a technical working group to identify necessary technical updates for the NPDA, including new micronutrient guidance from WHO, updated terminology, updated indicators, technical information from the 2013 *Lancet* Series on Maternal and Child Undernutrition, and information on the SUN movement. FANTA and other partners contributed to this update and a revised draft was submitted to the CORE Group for review. FANTA and the CORE Group also held preliminary discussions on creating an online version of the NPDA. However, no further related activities took place, as this was not a CORE priority in Project Year 2.

“Make Me a Change Agent” training manual (funded by GH). FANTA collaborated with the SBC Working Group to contribute to lesson plans for the development of a new SBC resource, the “Make Me a Change Agent” training manual for community health workers. Specifically, FANTA developed a training module on working with the media and provided input into other modules for essential behavior

change skills, such as persuasion, negotiation, emotion-based counseling, and group facilitation techniques. The modules are being field-tested by the FSN Network in 2013 and will be finalized in 2014.

Optifood presentation (funded by GH). FANTA collaborated with WHO, the London School of Hygiene and Tropical Medicine, and Blue Infinity, an information technology company, to develop Optifood, a simple and robust computer application that allows public health professionals to rapidly formulate and test population-specific food-based recommendations. Optifood has been tested in several countries, and there is a great deal of interest among the international nutrition community in applying the tool to develop food-based recommendations based on locally available and affordable foods. In Project Year 2, FANTA had planned to organize and sponsor a presentation on Optifood at the CORE Group spring meeting (March 2013) to share the tool and experiences with its use. However, because the Optifood tool has not yet been released by WHO, the presentation was postponed.

IR 1.4 Capacity in Assessment, Program Design, Implementation, Monitoring, and Evaluation Strengthened

Using results from effectiveness studies, delivery science research, operations research, and impact evaluations, in Project Year 2, FANTA reviewed capacity strengthening approaches used by different projects and organizations to identify the most promising interventions and to help scale them up by developing guidelines, checklists, protocols, training manuals, and other tools for practitioners at different levels.

Capacity Strengthening Approaches

FANTA aims to strengthen nutrition program assessment, design, implementation, and M&E through capacity building at the individual, institutional, and local, regional, and national levels. Evidence-based approaches, such as quality improvement (QI), knowledge sharing, and participatory and adult learning techniques, are cross-cutting methods that FANTA routinely applies across activities with a strong capacity strengthening focus. In Project Year 2, FANTA carried out the following activity to strengthen nutrition program design.

E-learning course for integrating nutrition into agriculture programming (funded by USAID Bureau for Food Security). The Results Framework for FTF includes improved nutritional status of children under 5 outcomes as a key program objective to be monitored and evaluated. There is increasing recognition, however, that agriculture interventions alone are unlikely to lead to notable gains in nutritional status. To improve nutritional status in agriculture-focused programs, it is generally agreed that nutrition-sensitive programming is needed. To this end, FANTA is developing a targeted e-learning module to help FTF agriculture program officers design such programming. The module will specifically address the nexus of agriculture and nutrition, and will help program officers identify potential entry points for nutrition-sensitive programming. In Project Year 2, FANTA worked collaboratively with a USAID working group, composed of staff from the Bureau for Food Security and GH, to develop agriculture and nutrition competencies for USAID agricultural officers and to identify the competencies the e-learning course would address. Based on the identified competencies, FANTA reviewed relevant literature and developed a detailed course design plan and course content outline, with feedback from the USAID working group, to guide course development, which will take place in Project Year 3.

Costing and Planning Tools

To mobilize the resources necessary to adopt a nutrition-sensitive policy or program objective, it is critical to have a solid understanding of the cost implications. To help address this need, FANTA has developed policy, advocacy, planning, and costing tools to provide national governments and IPs with estimates of the benefits and financial costs of implementing promising food and nutrition policies and interventions, as well as costs associated with carrying out supporting program elements, such as M&E, with sufficient rigor. Such tools help increase the likelihood that the nutrition-sensitive policy and program components that are adopted will be adequately funded and sustainable. In Project Year 2, FANTA conducted the following costing activity.

NACS costing tool (funded by OHA). FANTA worked on the development of a tool for planning and costing nutrition and HIV activities at the policy and service delivery levels. The costing tool is meant to enable governments, donors, and program managers to assess the financial resources needed for different components of nutrition and HIV activities, including costs associated with guideline development; training; materials development; and the provision of NACS. In Project Year 2, FANTA used the tool to assist USAID/Mozambique and the Mozambique Ministry of Health (MOH) Department of Nutrition to estimate the cost of NACS per client and, in doing so, noted elements in the tool that could be improved. In Project Year 3, FANTA/Mozambique will pretest the tool more systematically and will provide recommendations for improvement for the final version.

Support to USAID's Title II Program

As one of the largest USG investments in improving nutrition and food security, USAID's Title II program represents an important opportunity to achieve significant and sustainable impacts in reducing household food insecurity and malnutrition. In Project Year 2, FANTA provided TA to FFP and USAID Missions to strengthen approaches throughout the program cycle of assessment, strategy, design, implementation, and M&E.

Title II awardee M&E documents (funded by FFP). FANTA assists FFP Officers in reviewing the M&E documents produced by awardees, primarily Results Frameworks and IPTTs. These two key documents establish the program's theory of change and system for assessing whether the program is achieving the desired results. In Project Year 2, FANTA provided continuing technical support for review and revision of the Results Frameworks and IPTTs of the FY 2012 Title II development food assistance programs, and also of the newly awarded FY 2013 programs as part of preparation for the M&E workshops. In addition, FANTA reviewed mid-term and final evaluation protocols, and other M&E documents of more than 20 other development food assistance programs.

Brown bag presentations for FFP (funded by FFP). In our role as a technical resource to FFP, one key area of FANTA support includes providing presentations to share information on food security, nutrition, and M&E topics of interest to FFP staff, as requested. In the first quarter of Project Year 2, FANTA undertook a needs assessment among FFP staff to identify the technical topic areas of most interest and used this information to plan the content of the presentations to be delivered through the year. In Project Year 2, brown bag presentations were given on the following topics: effective final evaluations scopes of work, introduction to nutrition and ration design, gender in Title II program design, FFP annual monitoring indicators, and elements of an SBCC strategy.

Presentations at the FFP Food Aid Manager's Course (funded by FFP). In Project Year 2, FANTA contributed to the informational sessions delivered at the FY 2012 and FY 2013 FFP Food Aid Manager's Course. Specifically, FANTA delivered a session on the FFP indicators for baseline and final evaluation surveys in the FY 2012 course in October 2012 and delivered sessions on FFP baseline and final

evaluations, FFP annual monitoring indicators, and the key results and findings from the FAFSA-2 in the FY 2013 course in August 2013.

Updating of the FANTA *Sampling Guide* (funded by FFP). The FANTA *Sampling Guide* (1997) provides technical guidance to Title II development food assistance programs carrying out baseline and final evaluation surveys. The guide supports the M&E efforts of Title II awardees and provides methods and instructions for developing the design of population-based sample surveys. FANTA previously identified several key methodological issues that would necessitate substantial modifications to the original guide. In Project Year 1, FANTA began updating the guide by publishing an addendum to present new guidance on how to translate the sample size calculated for a child-level indicator (e.g., stunting) into a household sample size that will ensure an appropriate number of households are visited to obtain the sample size calculated for the target group of interest (e.g., children under 5).

In Project Year 2, in light of the new USAID Evaluation Policy, FFP decided to fully fund and centrally manage an external evaluation firm to undertake the baseline study for countries with new Title II awards in FY 2012, rather than having Title II awardees conduct the baseline studies themselves, as had been the case in previous years. Thus, FANTA determined that the audience for this guide should be modified to include both the Title II awardees and the external evaluation firm. In Project Year 2, the intention was to make inroads on a first draft of the updated *Sampling Guide* that would take into account the proposed modifications. This draft would include, as an appendix, guidance on how to construct and apply appropriate complex survey weights to the data for use in analytical work. However, other activities were deemed to be of higher priority by FFP in Project Year 2; as a result, work on this activity was postponed.

Provide support to FFP for 2012 Title II baseline studies (funded by FFP). The shift to having an external evaluation firm undertake baseline studies for countries with new Title II awards coincides with the findings from the FAFSA-2, which has created a demand for increased quality in the Title II baseline and final evaluation data to facilitate future metadata analyses that would allow comparisons across programs, countries, and time. To provide support to FFP for the 2012 Title II baseline studies, in Project Year 2, FANTA conducted workshops in Guatemala, Uganda, and Niger for the external evaluation firm and all new Title II development food assistance program awardees. The workshops covered all relevant baseline study inputs and facilitated an exchange of information on contextual country information, of which the external evaluation firm needed to be aware to conduct a successful baseline study. FANTA also provided TA for the implementation of the baseline studies, which included design of the sampling strategy and refinement of quantitative questionnaire instruments. FANTA assisted FFP in reviewing all deliverables submitted by the evaluation firm, including the inception report; the sampling plan; quantitative instruments; qualitative methodology and instruments; field procedure manuals; training materials for the enumerators, supervisors, and anthropometrists; and the baseline reports. Finally, prior to commencement of data collection in both Guatemala and Uganda, FANTA assisted in the monitoring of enumerator, supervisor, and anthropometrist training in the field; the pretesting of the quantitative instruments; and the piloting of the baseline survey data collection processes.

Provide support to FFP as requested to integrate gender indicators into Title II emergency programs (funded by FFP). In Project Year 1, FANTA completed a draft of a report on gender integration entitled “From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of USAID/FFP and WFP Emergency Food Aid Programs.” The draft was submitted to FFP for review and, in Project Year 2, FFP requested FANTA to prepare two reports from this larger report: one targeted to WFP and the other targeted to FFP. In Project Year 2, FANTA finalized and submitted the final reports to FFP and WFP.

Support to Title II Awardees

In addition to supporting FFP, FANTA provides direct TA to Title II awardees. In Project Year 2, FANTA worked on developing technical guidance documents; responding to ad hoc questions; and delivering workshops to build awardee capacity for program assessment, strategy, design, implementation, and M&E.

M&E workshops for Title II awardees (funded by FFP). Since FY 2008, FANTA has developed and delivered M&E workshops at the start-up of new Title II development food assistance programs. In Project Year 2, FANTA held a PVO M&E workshop in Niger in October 2012 for the newly awarded Title II development food assistance program there (awarded in FY 2012). Also in Project Year 2, FANTA organized a workshop for the newly awarded FY 2013 Zimbabwe Title II development food assistance program.

FFP also granted a new award in Haiti in FY 2013. However, due to the distinctive program design of this award, and the fact that there was only one awardee, FANTA did not deliver an M&E workshop but rather addressed the M&E capacity building of this new awardee through a 2-week TA visit, beginning at the end of FY 2013. The objective of the visit was to apprise the new awardee of FFP's M&E requirements and to work directly with the awardee to refine its Results Framework and IPTT. Given the limited number of traditional FY 2013 awardees, FANTA and FFP agreed not to hold a Washington, DC-based M&E workshop for awardee headquarters staff in FY 2013. Instead, participation of the headquarters staff was encouraged in the field-based workshop held in Harare, Zimbabwe.

Supporting Title II awardees on M&E (funded by FFP). FANTA works directly with Title II awardees, providing them with TA as requested. This has been a mutually beneficial relationship: Awardees receive TA and can obtain answers to questions related to, among other things, indicators, Results Frameworks, sampling, and evaluation research, while the direct contact helps FANTA stay abreast of awardees' field challenges and opportunities. In Project Year 2, FANTA discussed the relaunch of the DiscussionTIME (Discussion for Title II M&E) listserv, which operates as an online forum specifically for Title II M&E practitioners. FANTA plans to relaunch DiscussionTIME as a mechanism to answer questions about FFP's new annual monitoring indicators. This effort builds on the annual monitoring workshop that FANTA held in July 2013, as it was clear that Title II awardees will continue to require ongoing support on this topic. FANTA expects to reinstate the listserv in 2014, and potentially to open up the forum to topics beyond annual monitoring, depending on user feedback and needs.

Collaboration with TOPS (funded by FFP). In Project Year 2, FANTA continued interacting with the TOPS M&E Working Group, which meets quarterly. The working group is an excellent forum for FANTA to maintain relationships with the awardee community and to participate in TOPS-led M&E activities, such as developing promising practices and delivering trainings. FANTA staff attended all of the quarterly M&E Working Group meetings and also attended meetings organized by TOPS to discuss FFP's environmental monitoring guidance and to discuss the FTF Indicator Handbook. FANTA also participated in meetings of the TOPS Nutrition and Food Technology Task Force, providing input on the nutrition core competency self-assessment tool.

Also in Project Year 2, FANTA co-chaired the FSN Network SBC Task Force, in conjunction with TOPS. FANTA contributed to the development of the task force work plan; coordinated, co-facilitated, and documented bimonthly conference calls; and contributed to work plan activities and deliverables. Activities in Project Year 2 included reviewing SBC trainings, materials, and other resources to be included as recommended resources in the FSN Network Resource Library; developing guidance on SBC for FFP, which is now included in Requests for Applications for development food assistance programs

requiring PVOs to include an SBC strategy section in their proposals; and contributing to capacity building in SBC for task force members on various topics during bimonthly conference calls. Also in Project Year 2, FANTA participated in the TOPS Gender Task Force and presented at the TOPS FSN November 2012 knowledge sharing meeting on “Designing for Gender Integration: Overview of Recommendations to FFP.” The draft FFP gender indicators identified by FANTA in Project Year 1 were vetted through the TOPS Gender and M&E Task Forces and discussed during the TOPS technical consultation on the comprehensive list of FFP indicators held in November 2012. TOPS Gender and M&E Task Force representation was also ensured during the technical consultation on FFP gender indicators that FANTA organized in January 2013. In addition, activities in Project Year 2 included participating regularly in the Gender Task Force meetings and joining conference calls and webinars as requested.

Finally, FANTA continued collaboration with TOPS in leading the Program-Level Early Warning (PLEW) Working Group, a grouping of Washington- and field-based PVO staff interested in exchanging ideas and lessons learned on how best to incorporate program-level food security early warning elements into Title II development food assistance programs. Specifically, in Project Year 2, FANTA and TOPS worked with this group to better understand their key questions and suggestions regarding FFP’s current guidance on the program-level early warning element (e.g., trigger indicators and thresholds). These discussions contributed to FANTA’s ongoing efforts to reframe this program element to be more responsive to the longer-term resilience- and sustainability-building goals of Title II development programs. In Project Year 2, FANTA and TOPS also began planning to expand awareness of and growing the PLEW Working Group, surveying current participants and colleagues who expressed interest in the group through the FSN website as to how they would like to see the group used in the future. This survey led to a regeneration of interest in early warning-related topics among participating stakeholders. Planning for group meetings to discuss a host of new topics related to program-level early warning (e.g., use of technology in food security early warning and strengthening community capacity in early warning) in Project Year 3 is under way.

Promoting the use of promising methods for annual monitoring of Title II programs (funded by FFP). In Project Year 2, FFP issued a new and expanded set of annual monitoring indicators for adoption by Title II awardees, after undergoing an alignment process with both F and FTF indicators. As a result, beginning with FY 2012 awardees, Title II programs are required to collect and report on a more expanded set of annual monitoring indicators than in previous years.

FFP and FTF have indicated that awardees and IPs could benefit from specific guidance on data collection methodologies in support of the annual monitoring indicators. FANTA has taken a two-phase approach in the development of this guidance. In the first phase, completed in Project Year 2, FANTA conducted exploratory consultations with 25 FFP awardees and FTF program implementers to learn about their program delivery and routine monitoring systems. In Project Year 3, FANTA will implement the second phase of this process, which will involve the preparation of written sampling guidance on beneficiary-based surveys.

Integration of gender into Title II development food assistance programs (funded by FFP). The requirement for Title II awardees to integrate a gender lens into their program design is relatively new within the FFP context, and it is expected that Title II awardees might need some additional guidance in this area. While FANTA had proposed to conduct a needs assessment with Title II awardees to inform the development of a toolkit on gender integration, this activity was put on hold because the FFP gender indicators were identified as a higher priority for Project Year 2.

In Project Year 2, FANTA delivered a brown bag presentation for FFP country backstop officers titled “Why Gender Integration Matters for Food Security.” FANTA also reviewed and provided comments on scopes of work for gender analyses for CRS (Niger) and a joint gender analysis for CRS, Mercy Corps, and Save the Children (Niger). In addition, FANTA reviewed and provided comments on two brief FFP draft documents intended to support Title II awardees: a Gender Analysis Template and a Gender Field Monitoring Guide.

Formative research with FY 2012 Title II awardees for family planning integration (proposed activity). The Request for Applications for Title II development food assistance programs awarded in FY 2012 included a requirement that family planning be addressed and integrated in the design of new Title II programs. A total of seven new development food assistance programs were awarded in FY 2012, including two programs in Guatemala, three in Niger, and two in Uganda. During Project Year 2, FANTA had planned to work closely with the new awardees to help the programs carry out formative research to understand how best to operationalize family planning activities in the context of their program, using PRH funding. However, after further discussions with USAID, it was determined that this activity should not move forward and that the PRH funds should instead be used to write up case studies on a subset of programs identified as part of the desk review on the integration of family planning into food security and nutrition programming (refer to section **IR 1.1** for more information on this activity).

IR 2 Country-Driven Food Security and Health Policies, Programs, and Systems for Improved Nutrition Strengthened

Reflecting the Paris Declaration on Aid Effectiveness,² FANTA supports governments in strengthening food security and health policies, programs, and systems for improved nutrition by strengthening national capacity, improving existing service delivery, and facilitating the scale-up of nutrition programs. In Project Year 2, FANTA met with key government stakeholders to determine priorities and potential synergies with other activities and efforts carried out in the project. We use the methods, tools, and program approaches developed under IR 1 that inform and support how to implement effective programs and policies to improve nutrition in four domains: emergency nutrition, resiliency/vulnerability, HIV and other infectious diseases, and MCHN. Examples of how FANTA has provided TA in these four domains in each priority country in Project Year 2 can be found in the **IR 2 Countries** section of this report.

IR 2.1 Emergency Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA expertise helps strengthen national capacities for nutrition surveillance and assessment, builds capacity for emergency nutrition responses, and improves and expands CMAM services based on advances in knowledge and practice. To strengthen the capacity of countries to manage acute malnutrition in children, in Project Year 2, FANTA worked with USAID Missions and national governments to introduce, integrate, and scale up CMAM services. FANTA engaged in advocacy activities to increase the understanding of SAM in specific contexts, including through improved communications among gatekeepers, such as policymakers and media officials. The project is also utilizing a health systems strengthening approach to improve assessment and integration of CMAM services into existing country health systems. This approach has also been integrated into national CMAM scale-up plans and broader national-level nutrition policies.

FANTA supports specialized training in CMAM at all levels of targeted health systems and provides training in the use of M&E and QI methods to improve the quality of CMAM services at delivery points. FANTA has also sought to strengthen pre-service education alongside current in-service education on CMAM and nutrition by updating teaching materials and training tutors in key nutrition competencies.

During Project Year 2, FANTA focused its work on emergency nutrition and CMAM in **Bangladesh, Ghana, Uganda, and Vietnam** (examples are provided in section **IR 2 Countries**). FANTA also developed a CMAM “phases of integration” table to be included as part of the project’s Performance Management Plan.

² The Paris Declaration principles describe aid effectiveness. One of the five principles—Ownership—states that countries should commit to exercising effective leadership over their own development policies and to taking the lead in coordinating aid at all levels in conjunction with other development resources, while donors should commit to respecting partner country leadership and help strengthen their capacity to exercise it. The entire declaration can be found at <http://www.oecd.org/dac/aideffectiveness/34428351.pdf>.

IR 2.2 Resilience and Vulnerability/Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

In Project Year 2, FANTA provided TA to ministries, USAID Missions, FFP, and IPs in priority FTF and FFP countries to help governments improve resiliency to shocks and better respond to chronic food insecurity and crisis situations. In addition to the following activities, in Project Year 2, FANTA provided resiliency and food security programming support in **Guatemala, Haiti, Tanzania, and Uganda** (see section **IR 2 Countries** for country-specific examples).

South Sudan Food Security Framework. At the request of USAID/South Sudan, FANTA developed a Food Security Framework for the Equatorias region of South Sudan during Project Year 2. FANTA undertook an initial desk review and conducted consultations with USAID/Washington and in-country consultations and field visits to meet with key stakeholders, including USAID/South Sudan, officials from the government of South Sudan, and NGOs, to gather information on the food security situation, trends, and underlying factors in South Sudan. The document was submitted to USAID/South Sudan and provides USAID/South Sudan with guidance on the necessary program components, elements, and resources to improve food availability, access, and utilization in the Equatorias region of South Sudan and on the alignment and integration of USAID programs to achieve food security objectives.

Food Security Country Frameworks (FSCFs) and Country Guidance. In Project Year 2, FANTA completed FSCFs for five countries requested by FFP and submitted the final drafts to FFP for public comment. For each country, the FSCFs provided an overview of the food security situation; identified geographic areas ideally suited to a Title II development food assistance program; and provided recommendations on program priorities, outlining strategic areas of focus for upcoming Title II programs.

Asia Landscape Analysis. At the request of the USAID Bureau for Asia and FFP, FANTA conducted a landscape analysis for countries in South Central Asia (Bangladesh, India, Nepal, and Tajikistan) and Southeast Asia (Burma, Cambodia, Indonesia, Laos, Philippines, Timor Leste, and Vietnam). The objective of this analysis was to describe the current nutrition situation and scale of the nutrition problem, and to discuss current efforts and needs for additional nutrition interventions, particularly to guide the USAID Bureau for Asia and Missions on opportunities to expand nutrition programming in these regions and countries. FANTA will submit the final draft for comment to the USAID Bureau for Asia and FFP in Project Year 3.

USAID/Yemen Country Portfolio Review. In Project Year 2, at the request of USAID/Middle East Bureau, FANTA began a review of USAID/Yemen's current portfolio of activities to develop recommendations on how existing and new Mission investments could be positioned to reduce chronic malnutrition using a resilience focus. Initial planning discussions were undertaken in Project Year 2, and the assessment will be undertaken in Project Year 3.

Guidance on Early Warning and Response Systems

Lessons learned from implementing trigger indicators and emergency response plans. FANTA has previously assisted Title II awardees in Haiti in designing and implementing EWR systems in an institutionally coordinated manner (e.g., sharing early warning monitoring and trigger indicator information with USAID/Haiti, FEWS NET/Haiti, the Government of Haiti's national food security commission, and other early warning stakeholders). In Project Year 1, FANTA carried out a review of the initial trigger indicator and emergency response planning work implemented in Haiti. Lessons learned and the potential application of these lessons for future Title II development food assistance programs were summarized in a technical document that was drafted in Project Year 2 and will be published in Project Year 3.

IR 2.3 HIV Nutrition and Food Security Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA builds and expands on work on the integration of NACS activities into HIV responses at the national, program, clinic, and community levels, culminating in the wide-scale adoption of the NACS approach. FANTA consolidates existing advances and increases emphasis on areas that offer opportunities to significantly expand impacts, such as strengthening national coordination and policies; expanding and scaling up NACS programs; incorporating QI methods as part of routine systems; extending nutrition care to community-based HIV services; expanding work on HIV to other infectious diseases, such as TB and malaria; harmonizing nutrition and HIV and CMAM services to maximize impact; and strengthening linkages between clinical NACS services and community nutrition and food security services. In addition to the activities described in this section, FANTA worked in **Côte d'Ivoire, Democratic Republic of Congo (DRC), Ethiopia, Ghana, Haiti, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Uganda, Vietnam, and Zambia** on issues related to nutrition and HIV in Project Year 2 (see section **IR 2 Countries** for country-specific examples).

Coordinating Mechanisms and Advocacy

An enabling policy environment is critical for effective nutrition and HIV services. In many countries, however, the large influx of external (PEPFAR) resources and the pressure to rapidly roll out treatment services have made it difficult for governments to engage in the systematic, sustainable, and multipronged approach needed to permanently integrate nutrition into HIV policies and services.

To integrate nutrition into a more coordinated and cohesive national HIV response, in Project Year 2, FANTA worked closely with global partners, organizing joint monthly meetings with the Livelihoods and Food Security Technical Assistance Project (LIFT) and contributing to the quarterly meeting organized by OHA for NACS partners. Examples of results from this coordination include joint temporary duty scopes of work, quarterly reports, and work plans developed with LIFT (in DRC) and with LIFT and the Applying Science to Strengthen and Improve Systems Project (ASSIST) (in Malawi and Lesotho).

Guidelines and Protocols for NACS and HIV

NACS emerged from the Food by Prescription model developed in Kenya in 2003. As knowledge on the role of nutrition in the care and treatment of PLHIV has increased and improved, the approach has been expanded to incorporate new aspects related to nutrition assessment, counseling, care, and support. FANTA's support during Project Year 2 to this approach has resulted in the following outputs.

- **NACS guidance.** As NACS has become increasingly important in the treatment of and care for PLHIV and clients with other infectious diseases, the need for a generic guidance document emerged. In Project Year 2, FANTA completed the development of four modules of the NACS guidance and is working on the final version of Module 5 on M&E. The set of NACS modules will be posted on FANTA's website.
- **WHO Nutrition Guidelines Advisory Group (NUGAG).** NUGAG is guided by the WHO Steering Committee for Nutrition Guidelines Development. FANTA contributes to this group by developing and implementing the field-testing of nutrition guidelines for adult and adolescent PLHIV, and then supporting the rollout of the WHO guidelines for nutrition care for adults and adolescents across NACS activities. In Project Year 2, FANTA supported and participated in a meeting with WHO, the U.S. National Institutes of Health (NIH), and Tufts University to assess progress made on guidelines development and to plan the way forward.

Tools, Methods, and Approaches to Support NACS and HIV

- **BMI calculator wheel.** The development of global tools and materials that support nutrition for PLHIV and clients with other infectious diseases is an important part of FANTA's TA. In 2010, FANTA began working with the Children's Hospital in Boston to develop a "BMI calculator wheel," a tool that addresses a long-standing need of PEPFAR-supported NACS programs. Body mass index (BMI) is a key anthropometric measurement used in directing the nutrition care and support to be provided to people with HIV and other infectious diseases. The BMI calculator wheel will help field practitioners improve the reliability and ease of BMI assessment. In Project Year 2, FANTA completed the design and production of this tool in collaboration with Children's Hospital, purchased 10,000 copies of the tool, and developed a protocol to field-test it. Usability testing will take place in Project Year 3.
- **ProNUT online forum.** ProNUTRITION (ProNUT), an interactive online information resource supporting health care providers, policymakers, and program managers with practical knowledge and tools for decision making in nutrition, had been FANTA's responsibility since 2008. With the emergence of various new nutrition websites, however, online traffic lessened and, after assessing the cost efficiency of ProNUT, FANTA decided to stop funding this forum in Project Year 2. A careful review of needs will be carried out in Project Year 3 to assess whether gaps exist in the information demanded by nutrition IPs, and whether FANTA should resume support to a web-based platform in the future.
- **M&E systems for NACS programs.** As nutrition interventions for people living with HIV and other infectious diseases expand, establishing systems that provide accurate and consistent data on the nutritional status and progress of individuals covered by NACS interventions becomes critical to the continued delivery of quality services to clients. FANTA created a new position in Project Year 2 to help OHA and its stakeholders identify TA needs for NACS M&E systems. FANTA also began collaborating with other OHA partners in developing a strategy to support the use and implementation of harmonized global indicators for NACS at the country level.
- **Formative research to guide SBCC material development.** PLHIV and/or TB clients who understand dietary recommendations related to HIV and who consume a healthy diet are better able

to manage symptoms, maximize the benefits of medications, enhance their quality of life, and maintain or improve their nutritional status. PLHIV and TB clients who do not know about dietary recommendations may be at greater risk of suffering from the effects of malnutrition and HIV-related symptoms. To maximize the effectiveness of behavior change approaches, in Project Year 2, FANTA developed plans with key stakeholders in Côte d'Ivoire and Haiti to conduct comprehensive assessments of current SBCC materials in those countries to determine what is currently working well and what needs to be adjusted. The formative research will include analysis of key nutrition behavioral determinants in the selected countries and barriers to proper nutrition.

The Partnership for HIV-Free Survival

The PHFS is an initiative intent on accelerating the adoption of the 2010 WHO PMTCT guidelines in six sub-Saharan countries (Kenya, Lesotho, Mozambique, South Africa, Tanzania, and Uganda). FANTA supported and helped coordinate the launch of the PHFS, which is led by WHO and PEPFAR, in collaboration with the Institute for Healthcare Improvement and with OHA partners ASSIST, HEALTHQUAL, LIFT, and MEASURE Evaluation. This work will continue in Project Years 3 and 4, with FANTA providing central support to our country programs in countries participating in the PHFS.

Pre-Service Training to Support NACS Implementation

FANTA collaborates with other USG resources to incorporate nutrition concepts and approaches into national HIV programs and to roll out NACS training materials at all levels. During Project Year 2, FANTA supported OHA to strengthen pre-service nutrition training through the Medical/Nursing Education Partnership Initiative (MEPI/NEPI), an activity meant to strengthen the quality of medical education, already rolled out in 14 African universities. FANTA supported and participated in an initial MEPI/NEPI meeting in Washington, DC, attended by the Academy for Nutrition and Dietetics, OHA, and NIH, which resulted in an action plan for creating nutrition pre-service training programs under MEPI in Ethiopia.

IR 2.4 Maternal and Child Health and Nutrition Program Assessment, Design, Implementation, Monitoring, and Evaluation Improved

FANTA supports MCHN by helping governments and IPs expand their ability to carry out evidence-based actions at scale. Reflecting on the principles of the SUN movement, FANTA's approach helps strengthen national consensus and enabling environments for priority nutrition issues for women and children; supports the integration and delivery of quality nutrition services in country health programs; and promotes optimal behaviors, such as EBF, adequate complementary feeding, and dietary diversification, by focusing on critical stages in the lifecycle, such as pregnancy and the first 1,000 days, and by targeting hard-to-reach groups (e.g., adolescent girls) or important gatekeepers. In addition to the activities described in this section, FANTA also supported MCHN activities in **Bangladesh, Ethiopia, Ghana, Guatemala, Haiti, Mozambique, and Uganda** in Project Year 2 (see section **IR 2 Countries** for country-specific examples).

Consensus Building, Advocacy, and Policy Formulation

Update materials, brochures, and website on PROFILES and costing. In response to interest in the PROFILES model and nutrition costing by USAID/Washington and Mission staff, as well as in-country stakeholders, in Project Year 2, FANTA developed a presentation to be given to stakeholders on the nutrition advocacy process and an updated handout on the PROFILES model and nutrition costing. In addition, FANTA began developing a draft of a comprehensive manual for nutrition advocacy using PROFILES and nutrition costing. This manual will include step-by-step instructions for program managers and others interested in using PROFILES and nutrition costing for advocacy. It will also include session plans for workshop and meeting facilitators, presentations with scripted notes, session outlines and handouts for workshop and meeting participants, and templates for use in each step of the process. During Project Year 3, FANTA will field-test the manual in select countries and finalize the manual.

Revise and further develop PROFILES spreadsheet models. The PROFILES spreadsheet workbook comprises models related to various nutrition problems that estimate negative consequences related to issues that matter most to policymakers, such as economic productivity and child and maternal mortality. Recognizing the constant need for such concrete information to aid decision making, in Project Year 2, FANTA began development on a module that links nutrition to cognitive development and educational performance. This module will be completed in Project Year 3.

PROFILES and nutrition costing model in Ethiopia and Haiti. In Ethiopia and Haiti, FANTA led a multistakeholder collaborative process that culminated in PROFILES estimates that illustrated what the negative consequences would be with no improvement and no change in nutrition problems, over a defined time period, as well as the benefits of improved nutrition over the same time period—expressed as lives saved or improved and economic productivity gains.

Integrating Gender into MCHN Activities

In Project Year 2, FANTA integrated gender considerations and analyses in advocacy materials that were developed for various countries. FANTA also included in-depth gender analyses in the FSCFs that were conducted in five countries and in regional and country landscape analyses (see **IR 2.2**).

IR 2 Countries

Bangladesh

In Project Year 2, FANTA continued assisting USAID/Bangladesh to strengthen and integrate maternal and child nutrition programming by supporting nutrition advocacy, integrating nutrition into health services, and strengthening the capacity of the government and other institutions in nutrition. During Project Year 2, FANTA was informed that no additional funds would be obligated in Bangladesh. FANTA will close out operations in Bangladesh by the second quarter of Project Year 3. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Deepen the advocacy process in support of nutrition.

In Project Year 2, FANTA built on the PROFILES and nutrition costing model analyses to advocate for increased attention and government support of nutrition, from prevention to treatment of malnutrition, and to create movement toward implementation and integration of nutrition services. To fulfill this objective, FANTA conducted the following activities.

- Completed a set of talking points for use by the donor group to promote consistent messages and more coordinated advocacy efforts across the donor community.
- Prepared a newspaper supplement on behalf of the donor community to advocate to the Government of Bangladesh for nutrition.
- Completed a series of meetings with Parliamentarians who served as nutrition champions and prepared and distributed a policy brief to them on the nutrition situation in Bangladesh that was endorsed by the National Nutrition Services of the Ministry of Health and Family Welfare.
- Prepared advocacy briefs on nutrition and various related sectors to be disseminated and used by non-nutrition CSOs and NGOs in Bangladesh.
- Developed a media training package in collaboration with the Management and Resources Development Initiative (MRDI) and completed five media trainings with different media houses. This resulted in expanded coverage of nutrition issues in the media, as demonstrated by the number of newspaper articles addressing this issue and the quality of their content.
- Submitted a final draft of a literature review on the management of acute malnutrition in South Asia to USAID/Bangladesh for review. The document will be shared with stakeholders in country for review and will be finalized in Project Year 3.

Objective 2: Integrate ENA and key hygiene practices into the Smiling Sun Franchise Program (SSFP).

FANTA continued to provide SSFP with TA and capacity strengthening to integrate ENA and key hygiene practices into its health services at the facility and community levels. To fulfill this objective, FANTA conducted the following activities.

- Completed a clinic readiness assessment among a sub-sample of 30 Smiling Sun clinics where staff received infant and young child feeding (IYCF) training in Project Year 1; the final report for this activity will be submitted in Project Year 3.
- Expanded the IYCF training to an additional 50 Smiling Sun clinics in the FTF zone of influence.

- Undertook a review of existing nutrition curricula to guide the development of new nutrition training modules for use by the Government of Bangladesh and NGO IPs; the curriculum review report will be finalized and submitted in Project Year 3.

Objective 3: Continue to strengthen the capacity of key local institutions, including the Government of Bangladesh, in nutrition, as requested.

FANTA continued to provide the Government of Bangladesh with TA to integrate and expand nutrition services in government health services. To fulfill this objective, FANTA completed the following activities.

- Undertook national nutrition mapping to identify which stakeholders and partners have nutrition implementation activities, and to obtain information on the scale, scope, and time frame of their nutrition-oriented activities to assist the government in planning its nutrition implementation strategy.
- Supported the Government of Bangladesh to revise the job descriptions of its health providers to include nutrition as a core health provider responsibility.
- Supported the National Nutrition Services within the Ministry of Health and Family Welfare for the implementation of SUN movement activities.
- Assisted the Government of Bangladesh to revise the iron/folate dosages produced and distributed locally and updated the directive and mandate for the national distribution of iron/folate tablets to vulnerable groups, including PLW, children under 5, and adolescent girls.
- Facilitated the process of distributing iron/folate tablets to postpartum women, an underserved group, in one pilot area in Habiganj district. FANTA developed and completed the training of health providers in the pilot area and is supporting the Government of Bangladesh in monitoring the distribution of iron/folate tablets to postpartum women.

Côte d'Ivoire

In Project Year 2, FANTA continued our long-standing efforts to introduce nutritional care and support concepts, tools, and methods for PLHIV and TB clients in Côte d'Ivoire, working with the MOH and PEPFAR/Côte d'Ivoire Partners. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Integrate nutrition into HIV and TB services.

FANTA strengthened care and support for PLHIV and TB clients by helping the MOH integrate nutrition more fully into its HIV and TB services. Specifically, FANTA:

- Worked with the *Programme National de Nutrition* (PNN) (National Nutrition Program) to update NACS training materials for service providers. These materials were approved by PNN, and PNN is collaborating with FANTA to further revise the materials based on feedback from initial training workshops.
- Provided TA and financial support to PNN to train a pool of regional trainers from six regions on the use of the NACS training materials.
- Provided TA to PNN to develop an action plan for advocating for the incorporation of nutrition into pre-service training materials. At PNN's request, FANTA will complete this process during Project Year 3 after updates are made to the NACS training materials.

Objective 2: Improve national capacity to deliver quality NACS services.

FANTA improved the capacity of the MOH and PEPFAR Partners to train providers and support facilities in the provision, scale-up, monitoring, and quality assurance of NACS services. Specifically, FANTA:

- Provided TA and financial support to PNN to conduct planning workshops, resulting in implementation plans for integrating NACS into HIV and TB care services in nine health districts.
- Worked with PNN to develop a set of decision algorithms to guide the provision of nutrition care for PLHIV and orphans and vulnerable children (OVC). These are currently being introduced into 25 NACS learning sites.
- Developed a standard set of NACS coaching tools, which were provided to PNN for final review.
- Engaged with key governmental and nongovernmental agencies to initiate the development of a digital database to monitor NACS activities. This work will be completed during Project Year 3.
- To support the scale-up of NACS:
 - Worked with the national TB program to plan a baseline assessment of nutrition services for malnourished TB clients. FANTA provided technical leadership on the development of the assessment protocol and data collection instruments. Upon Institutional Review Board approval, FANTA will complete the assessment during Project Year 3.
 - Worked with PNN to develop the protocol for an evaluation of the implementation of NACS services in 25 NACS learning sites. Upon Institutional Review Board approval, FANTA will complete the evaluation during Project Year 3.
 - Collaborated with PNN and the *Centre de Prise en Charge, de Recherche et de Formation*, a research firm, to conduct operations research to determine the acceptability of ready-to-use therapeutic food (RUTF) and CSB among adult PLHIV. Specifically, FANTA developed the study protocol and took actions to resolve CSB+ supply issues. This research will be completed during Project Year 3.

- Worked with PNN to establish a multisectoral working group to guide the development of an SBCC strategy and toolkit to promote nutrition for PLHIV and TB clients. The terms of reference for the initial stages of development have been completed and accepted by the working group and PNN. This activity will be completed during Project Year 3.
- An evaluation of outcomes related to NACS services originally planned for Project Year 2 has been reprogrammed for Project Year 3 to allow the evaluation protocol to take into consideration findings from the implementation evaluation.
- An update of the national guidelines for the nutritional care of PLHIV and TB clients and NAC protocols envisioned for Project Year 2 will be completed in Project Year 3 at the request of PNN.

Objective 3: Strengthen the nutritional care and support of OVC in Côte d'Ivoire.

FANTA strengthened the capacity of PMTCT service providers to promote optimal feeding practices for HIV-exposed infants and young children and strengthened the capacity of social services centers to provide nutrition services to OVC. Specifically, FANTA:

- Worked with PNN to finalize the protocol for a coverage assessment of IYCF services in health facilities to determine where and how the services introduced by the Infant and Young Child Nutrition Project are currently being offered, to help guide the planning of new IYCF activities. Data collection has begun, and the assessment will be completed during Project Year 3.
- Began a technical review of a draft facilitation guide for support groups working on PMTCT and IYCF. This will be finalized during Project Year 3.
- Updated regional trainers on Côte d'Ivoire's recently revised recommendations on the feeding of infants and young children born to HIV-positive mothers.
- Provided TA and financial support to the *Programme National des Orphelins et Enfants Vulnérable* (PNOEV) (National Program for Orphans and Vulnerable Children) to develop and conduct a baseline assessment of the coverage and quality of nutrition services offered to orphans and vulnerable children at 21 social centers supported by PNOEV. Data collection is complete, and data analysis and the assessment report will be completed in Project Year 3.

Democratic Republic of Congo

In 2011, FANTA and LIFT conducted an initial assessment of food security/economic strengthening and nutrition and HIV activities in DRC, identifying a number of important issues that were limiting effective integration of nutrition services into HIV programs. In Project Year 1, FANTA and LIFT, in collaboration with the MOH, selected sites to roll out the NACS approach, conducted rapid assessments at these sites, and secured MOH support for the direction taken by both projects. A total of 10 health facilities in Kinshasa Province were selected as initial sites to receive TA from FANTA to implement NACS in Project Year 2. However, because the Mission redefined its priorities to focus its resources on PEPFAR-supported PMTCT sites, FANTA and LIFT were requested to work in six of the sites that met these criteria in Project Year 2.

Objective 1: To strengthen the technical capacity of the National Nutrition Program (PRONANUT) and other MOH central services to coordinate and supervise the integration of nutrition activities into HIV programs through implementation of NACS as part of routine HIV and TB health service delivery, including PMTCT services.

FANTA activities and achievements in Project Year 2 include:

- Assisted the MOH in updating a user guide for the national protocol for nutritional care of PLHIV, to align the guide with the revised protocol. In collaboration with PRONANUT and the *Programme national de lutte contre le SIDA* (National Program to Fight AIDS), FANTA provided substantial technical input, developed and circulated terms of reference, and supported a pre-workshop to review the proposed revisions.
- At the request of the MOH, drafted a brochure on the dietary management of food-drug interactions for health care providers in charge of care and treatment of PLHIV. In addition, FANTA developed algorithms for the nutrition assessment of PLW and the management of malnutrition in HIV-exposed and -positive children. Both drafts are under review by the MOH at the national and provincial levels in Kinshasa.
- Provided technical support to PRONANUT to organize three workshops. The first was a workshop to develop a national strategic plan for IYCF. The second was a workshop to update national training modules on Integrated Management of Acute Malnutrition (IMAM) and IYCF, organized in collaboration with *Projet d'appui à la réhabilitation du secteur de la santé* (Project to Support the Rehabilitation of the Health Sector). For the training modules, FANTA contributed sections on integrating NACS into care and support of PLW and on IYCF. The third was a workshop on integrating nutrition into DRC health systems, in collaboration with UNICEF.
- Provided technical support to PEPFAR Partners, particularly by working closely with the C-Change Project and *Programme du VIH/SIDA Intégré au Congo* on the nutrition component of a workshop on messages and educational materials for PMTCT.

Objective 2: To provide technical support to the Nutrition and HIV Kinshasa Province Team in rolling out the NACS approach as an integral part of the care and treatment package of services delivered to PLHIV and other vulnerable groups in the targeted sites of Kinshasa Province.

In Project Year 2, FANTA drafted an orientation module that was reviewed by the National Technical Working Group on Nutrition and HIV, including a representative from Kinshasa Province, during a 2-day pre-workshop session supported by FANTA. The rollout of NACS in the targeted sites will require technical orientation on the NACS approach for health care providers at all levels.

Ethiopia

FANTA has worked closely with the Government of the Federal Democratic Republic of Ethiopia, USAID, and IPs to integrate NACS into HIV treatment, care, and support services in Ethiopia. In particular, FANTA has provided targeted support to the Federal Ministry of Health to help the ministry achieve its objectives.

In Project Year 2, FANTA provided assistance in Ethiopia to strengthen integration of NACS services for people living with HIV and other infectious diseases; to support the implementation of the national nutrition policy; and to harmonize agricultural, health, and nutrition interventions. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: To strengthen the integration of the NACS approach as part of the care and treatment of infectious diseases, including HIV and TB.

In Project Year 2, FANTA:

- Provided training on clinical nutrition care for PLHIV to 120 participants consisting of staff from IPs and government health bureaus and health workers who are positioned to strengthen NACS integration at the facility level. Of those participants, 104 took part in an extended training of trainers during which FANTA provided an additional 3 days of instruction on pedagogical skills for nutrition training.
- Drafted guidelines for nutrition care of TB clients for integration into national TB guidelines.
- Together with the Federal Ministry of Health, organized a consultative workshop for stakeholders to plan the development of comprehensive in-service nutrition training materials.

Objective 2: Promote the implementation of the revised National Nutrition Program to improve the health of groups most at risk of malnutrition.

In Project Year 2, FANTA:

- Led a process to carry out a PROFILES analysis. The results of this analysis were presented at the launch of Ethiopia's new National Nutrition Program.
- Based on the PROFILES analysis, led the elaboration of a nutrition advocacy plan and the development of creative advocacy briefs for various target audiences.
- Assisted USAID/Ethiopia's Nutrition Committee in drafting its Nutrition Action Plan.

Objective 3: Strengthen the Mission's multisectoral initiative to harmonize interventions across areas, such as agriculture, nutrition, and health.

In Project Year 2, FANTA conducted an evaluation of USAID's Urban Gardens Program, which was implemented by DAI. A report and recommendations were prepared and submitted to USAID and the Government of Ethiopia.

Ghana

In Project Year 2, FANTA provided support to USAID/Ghana, the MOH, and the Ghana Health Service (GHS) to strengthen MCHN programming, support the integration and scale-up of CMAM within the health system, and help integrate and scale up NACS services as part of routine HIV and/or TB health service delivery. At the end of Project Year 2, FANTA is closing out activities in Ghana. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Strengthen MCHN programming in Ghana.

In Project Year 2, FANTA achieved the following.

- FANTA worked with targeted “media champions” to increase the visibility of and media reporting on nutrition issues in Ghana. FANTA held targeted trainings and workshops for the selected media partners to help them report frequently and accurately on key nutrition issues in Ghana, and also conducted media monitoring to evaluate the impact of these activities. Results indicated an increased coverage of nutrition issues in print, radio, and TV media.
- During Project Year 1, FANTA launched PROFILES and a nutrition advocacy campaign. In Project Year 2, FANTA updated the PROFILES presentation for use with different target audiences, specifically policymakers and politicians. FANTA also worked with GHS to promote consistent messaging for coordinated nutrition advocacy among CSOs in Ghana, specifically by preparing a set of talking points for use by CSOs.
- FANTA conducted a series of nutrition advocacy activities aimed at conveying the importance of investing in nutrition and multisector collaboration among health, agriculture, and education. These advocacy activities targeted policymakers and CSOs at various nutrition forums, including the annual health summit held in April 2013, the annual regional and national directors’ conference held in June 2013, and the official launch of the Ghana Coalition CSOs for Scaling Up Nutrition in August 2013.
- FANTA provided TA to GHS and the National Development and Planning Commission to review and update the technical content and structure of the National Nutrition Policy, including finalization of the policy for submission to the cabinet. FANTA also worked with GHS, WHO/Ghana, and the Reaching and Educating At-Risk Children (REACH) program to initiate the process of drafting the national plans for scaling up nutrition. The initial step included an evidence-based prioritization process to identify policy options and activities for scale-up; FANTA led the related acute malnutrition task force.
- FANTA collaborated with MCHIP to strengthen nutrition in pre-service education of nursing and midwifery schools and the Kintampo College of Health Sciences. FANTA co-facilitated a stakeholder consultation, designed and conducted an assessment to identify nutrition competency gaps among tutors teaching nutrition, and developed technical updates in the form of teaching aids for tutors. In collaboration with MCHIP, FANTA conducted a series of trainings covering CMAM, inpatient care management of SAM, and the integrated course on IYCF to strengthen competencies of 130 tutors teaching nutrition as a basic or applied course. FANTA also worked with GHS and the Nutrition and Nursing and Midwifery Council to review and update the current nursing and midwifery curriculum. The updated curriculum is competency based and focuses on building nutrition skills of nursing and midwifery students.

Objective 2: Support the integration and scale-up of CMAM as part of routine health service delivery.

In Project Year 2, FANTA achieved the following.

- FANTA worked with GHS to facilitate the process of finalizing the costing of the national CMAM scale-up strategy. Specifically, FANTA facilitated a 3-day workshop to review and refine CMAM costing, which was developed using the FANTA costing tool.
- FANTA continued to work through the SAM Support Unit and regional-level SAM support teams to strengthen competencies of service providers through in-service training, mentoring, and supportive supervision and to promote learning and information sharing within implementing districts and regions. FANTA also engaged in advocacy activities around CMAM, including on incorporating CMAM indicators into the District Health Information Management System, among other issues. In Project Year 2, FANTA strengthened the capacity of more than 1,000 service providers and managers on the management of SAM and more than 2,000 community volunteers and opinion leaders on case finding, referral, and follow-up of SAM cases. As result of FANTA's capacity strengthening activities, GHS has been able to scale up CMAM services to approximately 85 districts in the country.
- FANTA worked with GHS/Nutrition and USAID/DELIVER to forecast CMAM and NACS supplies for 2013 and 2014; support the appropriate use of RUTF in the country; and ensure that CMAM supplies are available within CMAM implementing regions, districts, and facilities.
- FANTA worked with GHS and UNICEF/Ghana to conduct a coverage survey in Agona West district in Central Region and Ashaiman district in Greater Accra Region. The Semi-Quantitative Evaluation of Access and Coverage/Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SQUEAC/SLEAC) survey tools were used to assess coverage of and barriers to accessing CMAM services and to develop recommendations for improving access and low coverage in the districts. FANTA also trained a team of 28 national, regional, and district managers on how to use the SQUEAC/SLEAC tools in follow-on surveys in the country.

Objective 3: Strengthen the capacities of GHS to integrate and scale up quality NACS services as part of routine HIV and/or TB health service delivery.

FANTA continued to provide TA to GHS to conduct regular Technical Working Groups. The Technical Working Group meetings brought together GHS/Nutrition, GHS/National AIDS Control Program, GHS/National TB Program, Ghana AIDS Commission, USAID/DELIVER, and WFP/Ghana to review and discuss the status of NACS implementation and to plan NACS activities, including the review and finalization of technical tools, such as training materials and M&E indicators and tools. In Project Year 2, FANTA completed the review and update of the NACS training materials and job aids, ensuring that all materials and tools reflect NACS as it is currently functioning in Ghana. Additional activities completed and accomplishments to integrate NACS include the following.

- FANTA conducted in-service training for 430 service providers within 28 new NACS facilities and collaborated with the Focus Region Health Project (FRHP) to support training in 9 facilities and to conduct mentoring and supportive supervision visits to the existing 43 NACS implementing facilities. As a result of FANTA's TA on NACS, GHS has been able to scale up NACS to more than 80 facilities country-wide.
- FANTA completed the integration of NACS indicators into the HIV and TB M&E system. At the end of the exercise, nutrition indicators were included in the client folders, report forms, and reporting databases. NACS training materials were updated to include the integrated nutrition

indicators. A report detailing indicators and how the nutrition indicators will be collected was finalized and is being disseminated widely to managers and service providers at the national, regional, district, and facility levels.

- FANTA worked with USAID/SHARPER to review and update the “Models of Hope” training package to ensure that the nutrition component is harmonized with the facility-based NACS training and approach.

Guatemala

In Project Year 2, FANTA focused on strengthening multisectoral efforts in agriculture, health, and nutrition to reduce the high levels of chronic malnutrition in prioritized areas of the Western Highlands of Guatemala. In particular, USAID/Guatemala requested FANTA's assistance to support its integrated approach to improving food security through health, nutrition, agriculture, local governance, and water for human consumption, among other interventions targeted to these areas. FANTA supported the Government of Guatemala in the implementation of its Zero Hunger Plan, particularly through costing nutrition interventions, advocating for quality nutrition programming, strengthening program linkages between nutrition and agriculture, and building national capacity to provide a comprehensive package of prevention-based nutrition services. To accomplish this work, FANTA collaborated closely with key government sectors (including health, agriculture, and the Secretariat of Food and Nutrition Security), USAID and partner organizations, U.N. agencies, and international and local NGOs. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Use a nutrition advocacy process to raise awareness, attention, and support (among political parties, the government, the private sector, and the media) to address malnutrition, especially chronic malnutrition, and prevent future adverse consequences.

The Government of Guatemala has made a strong commitment to address chronic malnutrition through its Zero Hunger Plan, as well as its Results-Based Budget Management Agreement, which links delivery of health/nutrition services and improved health outcomes to budget allocations. Until now it had not been possible to calculate the cost of a comprehensive package of evidence-based nutrition programming, and therefore to advocate for adequate funding in the national budget. During Project Year 2, FANTA and the Central American Institute of Fiscal Studies collaborated with the *Ministerio de Finanzas Públicas* (MINFIN) (Ministry of Public Finance) and the MOH to plan and execute a costing study of prevention-based nutrition programming based on actions described in the Zero Hunger Plan. The costing process employed the Activity-Based Costing methodology to calculate the costs of nutrition-specific and nutrition-sensitive interventions provided at the health facility and community levels. Specifically, FANTA carried out the following activities in Project Year 2.

- Identified and proposed evidence-based nutrition interventions to be included in the national costing process, taking into consideration MOH guidelines and protocols, as well as the varying structure of service provision offered by the MOH and NGOs contracted to provide care.
- Developed consensus with the MOH and MINFIN regarding the basic assumptions for developing the costing model, particularly which health service level to be costed (i.e., non-tertiary care), sources of data and the methodology for data collection, staffing models to be costed, and intensity and frequency of services, among others.
- Prepared technical notes and presentations to stakeholders explaining the progress of the nutrition costing model, including definition of technical and financial assumptions for costing.
- Completed data collection in the prioritized departments of Huehuetenango, Quiché, Alta Verapaz, and Jutiapa to gather information pertaining to activities, processes, sub-processes, and staff time dedicated to conducting nutrition-related activities.
- Created department- and national-level costing spreadsheets and tables to permit department-level costing to be considered separately.
- Developed a training manual on the Activity-Based Costing methodology to build the capacity of government staff to calculate and budget effective nutrition programming in the national budget (training of staff will take place in Project Year 3).

Costing results, gap analysis, and formulation of the draft report will be submitted for review and consultation with MINFIN and the MOH during Project Year 3.

Objective 2: Strengthen collaboration between the agriculture, health, and nutrition sectors to reduce malnutrition.

To understand the current dietary patterns in the Western Highlands of Guatemala and to identify options to improve diet quality, FANTA collaborated with INCAP to identify nutrients that are not likely to be met by the local food supply in order to formulate food-based recommendations or other strategies to improve nutrient intake. During Project Year 2, FANTA and INCAP collected dietary data on children 6–23 months of age and PLW, as well as market data on the cost of foods commonly consumed by these groups in two departments in the Western Highlands. The data was analyzed using Optifood software to identify the lowest-cost combination of local foods that meet or come as close as possible to meeting nutrient needs of specific target groups. Specific FANTA activities include the following:

- Planned data collection around dietary practices and intake using Optifood as a tool, which entailed:
 - Collection of dietary data of children 6–23 months of age and PLW, including sociodemographic and anthropometric information, and a market study.
 - Adapting the Optifood program to the Guatemala situation, based on national food composition tables.
 - Overseeing data entry, cleaning, and management.
 - Carrying out the analysis of data using Optifood and generating food-based recommendations for key target groups.
- Presented Optifood results and key findings during a national technical workshop with key stakeholders from the Government of Guatemala, USAID partners, and academia, and during two meetings in Quiché and Huehuetenango with local USAID partners and department-level governmental staff from the MOH, *Secretaría de Seguridad Alimentaria y Nutricional* (SESAN) (Secretariat of Food and Nutrition Security), and the Ministry of Agriculture, Livestock, and Food.
- Discussed Optifood advances, results, and implications of findings on future programming during multiple meetings held with USAID staff in Guatemala and Washington, DC.
- Presented Optifood results to potential private sector partners in Guatemala, including Alimentos SA, which produces fortified-blended flours. Alimentos SA expressed interest in tailoring some of its products to address gaps in micronutrients as identified by the Optifood analysis. Further work is under way to extend this into a collaboration to field-test some complementary food products being developed by the private sector.
- Presented a poster on the Optifood results for the Nutrition Global Learning and Evidence Exchange (N-GLEE) Guatemala Meeting, which fostered linkages between the agriculture and nutrition sectors.
- Prepared an executive report on the Optifood findings, which has been reviewed and adjusted to a summary report. Presently the summary report is in its final review and approval process to be submitted to USAID in Project Year 3.
- Prepared a comprehensive description of the Optifood methodology and dataset (“Description of data collection methods for inputs to Optifood Study”), which will be publically available through USAID, along with datasets in Excel, STATA, SAS, and SPSS.
- Developed a brief in Spanish describing the Optifood program and how it can be used to support optimal nutrient intake, and disseminated this brief to partners in Guatemala.

- In close coordination with the Alliance for Nutrition, a series of meetings were held with the private sector and INCAP to share results of Optifood, highlighting identified “problem micronutrients” and exploring possibilities for strengthening private-public partnerships to double-fortify sugar with vitamin A and iron.
- Provided technical input to NutriSalud, INCAP, and the London School of Hygiene and Tropical Medicine to conduct household trials of Optifood food-based recommendations for children 6–11 months of age to address the feasibility and acceptability of implementing the recommendations.

Objective 3: Provide TA to improve maternal, infant, and young child health and nutrition within the context of the Zero Hunger Plan.

To improve nutrition outcomes through the implementation of the Zero Hunger Plan, in Project Year 2, FANTA engaged in activities to build national nutrition capacity and the skills of health and nutrition personnel working in the priority areas of the Western Highlands. FANTA provided TA to national working groups and worked in close collaboration with INCAP and NutriSalud on courses to build the skills of government workers to provide nutrition services during the 1,000 days from conception to a child’s second birthday and to strengthen food security interventions under the Zero Hunger Plan. In addition, SESAN requested support to train its municipal and department delegates to more effectively implement the Zero Hunger Plan, the SINASAN Law (on the national system for food and nutritional security), and the Food and Nutrition Security Policy. The online training course that was developed strengthens the long-term institutional capacity of SESAN to coordinate a broad range of food security interventions being implemented by the public and private sectors, CSOs, international aid agencies, and other stakeholders. FANTA’s achievements in Project Year 2 include:

- Participation in the National Breastfeeding Working Group (a sub-group under SESAN), where FANTA provided technical input to the design of formative research to determine the key practices of traditional birth attendants in supporting EBF. Additionally, FANTA contributed to the development of a draft national strategy for promoting EBF through the training of traditional birth attendants.
- Development of a nutrition e-learning course for frontline health workers in collaboration with INCAP and NutriSalud. The course will strengthen the skills of health workers (especially auxiliary nurses) to promote the ENA to improve the health and nutrition of pregnant women and children under 2. This activity included:
 - A needs assessment surveying 23 auxiliary nurses and 5 home educators to assess their nutrition knowledge, skills, and Internet capacity to inform the course design and instructional plan.
 - Coordination and organization of follow-up meetings with stakeholders to review the design process of the course and the layout of the materials online and to reach consensus on, review, and update the technical content of the final versions of the following seven technical modules: ENA; nutrition during pregnancy; EBF; complementary feeding; feeding the sick child; water, hygiene, and sanitation; and growth monitoring and promotion.
- To design an online course for SESAN delegates, FANTA conducted an online survey of 161 SESAN staff to determine their technical capacity in nutrition, training needs, and availability to participate in the course. The SESAN course was designed to address priority issues as per the needs assessment and as per SESAN’s mandate to coordinate the implementation of food security interventions along the following two guiding objectives: increase the knowledge and skills of SESAN’s delegates at the department and municipal levels regarding the strategies of the Zero Hunger Plan, emphasizing the 1,000-day window of opportunity and the ENA supported in the Zero Hunger Plan; and strengthen delegates’ skills for understanding local food security needs and use of the SESAN “toolbox” to facilitate the planning and implementation of Zero Hunger Plan interventions.

Haiti

In Project Year 2, FANTA provided support to USAID/Haiti and to the Government of Haiti on integrating NACS into HIV programming, nutrition advocacy, and strengthening nutrition services targeting vulnerable populations. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Promote the integration of NACS into HIV programming in Haiti.

FANTA previously provided TA to USAID/Haiti, PEPFAR Partners, and *Ministère de la Santé Publique et de la Population* (MSPP) (Ministry of Public Health and Population) in developing and disseminating national nutrition guidelines and nutrition counseling materials for PLHIV. During Project Year 1, training workshops were held for frontline service providers in the use of the guidelines and counseling materials. During Project Year 2, FANTA collaborated closely with the Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project (SPRING) to continue providing TA to the MOH and PEPFAR Partners to promote the integration of NACS into HIV programming in Haiti. Achievements in integrating NACS include the following.

- FANTA collaborated with SPRING and LIFT to support a USAID workshop for NACS stakeholders in Haiti with the following objectives: orient stakeholders on the basics of NACS, share the findings of an assessment that SPRING/Haiti carried out on the extent of NACS implementation in the country and on the capacity of health facilities and communities to take on NACS, and hold a dialogue with stakeholders to map ongoing activities related to NACS. Participants included PEPFAR Partners in Haiti; MSPP; and U.N. agencies, including WFP and UNICEF. The workshop resulted in the development of a national NACS implementation plan, which has been approved by MSPP.
- FANTA developed the Provisional NACS Protocol for Facility-Based Service Providers in Haiti, the Provisional NACS Reference Manual for Facility-Based Service Providers in Haiti, and the Provisional NACS Training Manual for Facility-Based Service Providers in Haiti. These are the reference documents that will be used to guide the introduction of NACS services at the six hospitals where this work was focused. FANTA provided these three documents to USAID/Haiti, MSPP, and stakeholders for comments. FANTA worked closely with SPRING to harmonize these reference documents and the IYCF documents developed by SPRING. The NACS reference documents will be finalized in Project Year 3 per MSPP's schedule.
- At the request of MSPP, FANTA sponsored a 2-day workshop to orient MSPP's key departmental nutrition and communication staff on NACS. The workshop was jointly facilitated by MSPP, FANTA, LIFT, and SPRING. The purpose of the workshop was to enhance the sustainability of NACS in Haiti by orienting the departments to NACS and to LIFT's model of linking NACS clients to economic strengthening, livelihoods, and food security services, and to begin to integrate NACS services into health facilities across the 10 departments.
- FANTA continued the process of introducing the nutrition counseling materials for PLHIV "Bonjan abitud nan manje ak liyèn" or "Good Nutrition and Hygiene Habits" to service providers at the departmental level. In April 2013, FANTA worked with MSPP to conduct a 2-day training workshop in the Nord-est department on nutrition and HIV and use of the counseling materials. To provide TA to PEPFAR Partners wishing to integrate community-based NACS activities into their PLHIV care programs FANTA conducted training on nutrition counseling of PLHIV to nurses providing clinical care to PLHIV.

Objective 2: Increase national support for nutrition in Haiti.

MSPP has long shown interest in strengthening national awareness and capacity for nutrition action, and FANTA previously initiated discussions with USAID/Haiti and various national and multilateral partners to carry out a PROFILES workshop in Haiti. Those plans were suspended by the 2010 earthquake, and events such as the cholera epidemic, food price crises, and national elections further delayed progress in this area. Recently, however, initiatives to increase the visibility of nutrition problems, and national support for nutrition actions, were revived. FANTA support was sought again for the implementation of a strong advocacy program that includes PROFILES.

In Project Year 2, FANTA led a multistakeholder collaborative process to develop PROFILES estimates, which illustrate the benefits of improved nutrition investment as well as the consequences without improved investment, over a defined time period, expressed as lives saved and/or improved and economic productivity gains. This process included facilitating meetings with a core working group, and a stakeholder meeting followed by a 4-day PROFILES workshop. All PROFILES activities secured the active engagement of a large group of participants from a broad spectrum of Haitian government agencies and civil society.

Objective 3: Strengthen nutrition services targeting adults and adolescents vulnerable to malnutrition.

FANTA's production of guidelines and supportive materials for nutrition care and support of PLHIV in Haiti created interest in MSPP for guidance and materials that address the needs of other vulnerable groups, particularly for adults and adolescents vulnerable to malnutrition. In Project Year 2, FANTA initiated discussions with USAID partners and MSPP to develop a plan of action.

Lesotho

Lesotho is an important member of the PHFS, an initiative spanning six countries in eastern Africa that supports the agenda for the elimination of mother-to-child transmission of HIV. The implementation of the Lesotho Operational Plan to Scale Up Exclusive Breastfeeding and Nutrition Services in Maternal, Newborn, and Child Health is a key component of PHFS activities in Lesotho. The plan outlines targets for reducing the transmission of HIV from mother to child, as well as promoting optimal infant and maternal nutrition beyond the infant's first year of life. The role of FANTA in delivering these goals is to provide TA on the integration of NACS as part of maternal, newborn, and child health services in three priority districts: Thaba Tseka, Butha Buthe, and Mohale's Hoek. The two areas of focus for FANTA's work in Lesotho include supporting the MOH to coordinate PHFS activities and providing TA in the development of training materials, guidelines, and other supporting documents to implement the NACS approach for pregnant women, infants, and young children. The following is FANTA's objective and achievements for Project Year 2.

Objective 1: Improve MCHN outcomes contributing to the elimination of mother-to-child transmission of HIV.

In Project Year 2, FANTA undertook a number of activities to support the rollout of NACS activities as part of the PHFS in Lesotho.

- In March 2013, FANTA provided coordination and TA in the planning and implementation of a PHFS regional launch meeting held in Pretoria, South Africa. This meeting brought together the six PHFS countries and was an opportunity for the country teams to share experiences in implementing NACS and QI activities and also to plan the launch of PHFS activities in their respective countries. As part of this meeting, FANTA provided TA to the MOH and partners to outline priority steps in launching the initiative in Lesotho. The process involved reviewing district-level implementation plans; realigning the NACS activities to encompass broader maternal, newborn, and child health services; and identifying a timeline for the implementation of activities in the selected priority districts.
- Building on the regional meeting, FANTA provided follow-on support to the MOH and PHFS partners by leading several stakeholder meetings to assess progress on activity implementation and to identify emerging needs, including guidelines, training resources, job aids, and other tools. Through these meetings a number of priority areas were identified to strengthen coordination of PHFS implementation, including development of standardized tools and resources, particularly NACS training materials and guidelines on program approaches for delivering NACS.
- As a result of the follow-on meetings with the MOH and PHFS partners, a workshop was held in September 2013 to begin standardizing NACS materials used in maternal, newborn, and child health facilities (both community and clinic) to ensure a consistent and evidence-informed application of NACS. The workshop, attended by staff from more than 10 government and implementing partners, provided an opportunity to review resources from Lesotho (and the region) related to basic nutrition; the impact of HIV and TB on maternal health; NACS for mothers, infants, and young children; and M&E. Drafts of these materials were completed at the end of September and it is anticipated that these will be finalized and piloted in Project Year 3.

Mozambique

In Project Year 2, FANTA continued working with the *Ministério da Saúde* (MISAU) (Ministry of Health) to strengthen food and nutrition program design for services for people living with HIV and other infectious diseases, as well as services for maternal and child health. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Improved food and nutrition program design, implementation, and M&E for PLHIV and/or TB clients in MISAU care and treatment services supported by USG.

In Project Year 2, FANTA worked on the following activities.

- FANTA supported MISAU to finalize and obtain approval for the *Manual for the Treatment and Rehabilitation of Malnutrition, Volume II (PRN II)*, covering adolescents and adults 15 years and older. FANTA also began developing *PRN II* training materials and job aids and is supporting MISAU to develop the *PRN II* implementation plan. In addition, FANTA assisted MISAU to hold a 2-day national PRN stakeholders meeting to assess the current status of implementation and develop work plans for 2013. Finally, FANTA and MISAU developed indicators for the *PRN II*; conducted a supervision visit for the *Manual for the Treatment and Rehabilitation of Malnutrition, Volume I (PRN I)*, which covers children 0–14 years) in Inhambane province; and conducted two trainings in M&E for the *PRN I*.
- The draft performance standards for nutrition services that are part of the National Strategy for Quality and Humanization were revised with input from the MISAU *Direcção Nacional de Assistência Médica* (Department of Medical Assistance) and MCHIP/Jhpiego and submitted to the MISAU Department of Nutrition for review. Once MISAU approves the standards, a pretest will be scheduled. FANTA had planned to revise MISAU's supervision checklist for nutrition services and to develop a user manual in Project Year 2. However, MISAU decided that a revision was not necessary; the performance standards will serve the purpose of a supervision tool. Also during Project Year 2, FANTA conducted Phase 2 of the QI/PRN activity with the CHASS-Niassa project, focusing the QI methods and data analysis on PRN services (Phase 1 focused on nutrition services in general). FANTA also assisted the *Direcção Provincial da Saúde* (DPS) (Provincial Health Directorate) Niassa to deliver a poster presentation and an oral presentation on the quality assurance/QI activities carried out by DPS Niassa during the national QI meeting in November 2012.
- FANTA revised and submitted to MISAU updated training materials on nutrition care for PLHIV and facilitated a training for a PEPFAR-funded OVC project in Gaza province run by the South African mining company TEBA and the International Organization for Migration (IOM). FANTA also participated in the home-based care working group to review the nutrition content of a home-based volunteer integrated training plan. The materials were finalized in July 2013 and are awaiting MISAU approval.
- Prior to Project Year 2, FANTA conducted a survey to inform prioritization of nutrition counseling messages for PLHIV and/or TB clients. In Project Year 2, FANTA analyzed the data, wrote the survey report, facilitated a workshop with MISAU and partner staff to present the results, finalized the list of prioritized messages, and began the process of hiring a creative firm to develop the communication materials. The materials will be developed and finalized in Project Year 3.
- With the launch of the PHFS in Project Year 2, FANTA supported the establishment of the MISAU steering committee; attended the launch meeting in Pretoria, South Africa, with 11 other delegates from Mozambique and developed the country presentation for MISAU to deliver; developed the

operational plan with input from key stakeholders and submitted the plan to the Minister of Health; developed other briefing and technical materials; planned for the provincial launches; led meetings with QI and PEPFAR clinical and community partners; and began organizing southern Africa's regional PHFS meeting to be held in October 2013 in Maputo.

- During Project Year 2, MISAU created the Plan to Accelerate HIV Prevention, Care, and Treatment Services from 2013 to 2015 (the Acceleration Plan) to guide the country in achieving its national targets to reduce HIV transmission rates and increase the use of HIV care and treatment services. FANTA participated in the care and treatment working group and assisted MISAU to review and improve the nutrition content of the plan.

Objective 2: Improved MCHN program design, implementation, and M&E in MISAU health services and community-based programs supported by USG.

In Project Year 2, FANTA worked on the following activities.

- FANTA worked with MISAU and other ministries and technical partners to finalize the national IYCF policy. The technical content of the policy is finalized, and MISAU is preparing for the official approval process.
- FANTA began the process of incorporating the 2010 WHO guidelines on HIV and Infant Feeding into the Baby-Friendly Hospital Initiative training materials. However, MISAU decided to wait for the revisions of the materials that are happening at a global level through UNICEF and then assess if further adaptations are needed. Plans for supervision visits to the Gaza provincial hospital and trainings in the Maputo hospital were planned but then postponed by MISAU throughout the year. FANTA participated in the MISAU working group in which there was a call for a renewed focus on the Baby-Friendly Hospital Initiative to address the delays.
- The MISAU Department of Nutrition finalized IYCF counseling materials in Project Year 2 and began to develop an orientation guide that included the establishment, support, and monitoring of IYCF support groups. FANTA had planned to support the implementation of these materials in Project Year 2; however, little progress has been made with the implementation of the materials, given the lack of MISAU personnel to lead the process. The counseling package may become a higher priority if MISAU staff members can be identified to lead the process and a community nutrition working group can be established. FANTA will continue assisting with this activity in Project Year 3.
- FANTA reviewed the nutrition content of the community involvement package of the integrated training for reproductive/maternal, neonatal, infant, and adolescent health and submitted recommended changes to MISAU. In Project Year 3, FANTA will continue to review the nutrition content of MCHN training materials and manuals as requested by MISAU.

FTF objective: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the *Plano de Acção Multisectorial Para a Redução da Desnutrição Crónica em Moçambique* (Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique).

During Project Year 2, FANTA began activities associated with FTF. Specific achievements for Project Year 2 under this objective include the following.

- FANTA supported MISAU to develop a detailed concept note for the national strategy on SBCC to reduce undernutrition, formed a multisectoral task force to oversee the strategy development, and began the process of reviewing existing strategies and communication materials that will guide the development of the strategy in the next project year.

- FANTA participated in a 3-day Nutrition Global Learning Exchange and Evidence meeting in Uganda on strengthened and sustainable linkages among agriculture, economic growth, and nutrition. FANTA also participated in a 2-day regional FTF meeting focused on agriculture, the private sector, resilience, policy, and M&E held in Maputo.

Namibia

Since 2008, FANTA has provided TA to the Ministry of Health and Social Services (MOHSS) Food and Nutrition Sub-Division to integrate nutrition into HIV services, including development of job aids, training materials, national guidelines, training and mentoring of health managers and providers, and training of community-based health care providers. In Project Year 2, FANTA worked with the Government of the Republic of Namibia and PEPFAR/Namibia to strengthen national capacity to integrate NACS into prevention, care, and treatment of infectious and noncommunicable diseases; support scale-up of NACS and strengthen links between facility- and community-based services; and integrate nutrition into maternal and child health programming. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Strengthen national capacity to prevent and treat malnutrition in people with infectious and noncommunicable diseases.

In Project Year 2, FANTA:

- Provided TA to the MOHSS to draft a policy brief on nutrition surveillance based on the results of the 2012 WHO-led Landscape Analysis report.
- Assisted the MOHSS and International Training and Education Center on HIV/AIDS (I-TECH)/Namibia in revising the 2007 *Nutrition Management for People Living with HIV/AIDS: A Resource Guidelines for Clinical Health Workers* (national nutrition and HIV training curriculum).
- Provided a technical update of the MOHSS NACS training curriculum.
- Supported an MOHSS workshop to disseminate the results of the November 2012 NACS review.
- Worked with the MOHSS, PEPFAR/Namibia, and the U.S. Centers for Disease Control and Prevention (CDC)/Namibia to integrate nutrition indicators into the national HIV M&E information system.

Objective 2: Provide technical assistance to support NACS scale-up.

In 2012, FANTA designed and participated in a national review of the quality of implementation of NACS services in preparation for a QI process to inform scale-up. Specifically, FANTA:

- Developed a protocol and data collection tools for an assessment of the quality of NACS implementation in six districts and participated with the MOHSS; I-TECH; the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and CDC in conducting the assessment.
- Worked with the MOHSS to plan a QI process to improve NACS implementation and inform nationwide scale-up of NACS interventions.
- With the MOHSS, I-TECH, and the Global Fund, co-facilitated training of 162 health care providers in NACS and, with the MOHSS, made regular mentoring and supervision visits to 14 facility-based providers trained in NACS.
- Provided MUAC tapes to the MOHSS for facility-based health care providers trained in NACS.
- Worked with the MOHSS and I-TECH/Namibia to harmonize existing algorithms for management of malnutrition with current global recommendations and worked with the MOHSS, the Global Fund, and I-TECH to revise and print NACS job aids.
- With I-TECH and the Global Fund, assisted the MOHSS in revising NACS monthly reporting forms.

Objective 3: Provide technical assistance to strengthen links between facility-based NACS and community services.

In Project Year 2, FANTA:

- With the MOHSS, I-TECH, and the Global Fund, trained and mentored 101 community-based health care providers (CBHCPs) in NACS to strengthen community demand for NACS, NACS knowledge, and clinic-community referral and linkages for improved nutrition.
- Worked with the MOHSS to develop a tool for mentoring and supervising CBHCPs trained in nutrition screening and counseling.
- Worked with the MOHSS and I-TECH to update a 2010 NACS training curriculum for CBHCPs and worked with the MOHSS to integrate NACS into the national pilot training curriculum for health extension workers.
- Supported LIFT in identifying and contacting stakeholders to establish a referral system to link NACS clients with community-based economic strengthening, livelihoods, and food security support.

Objective 4: Provide technical assistance to integrate nutrition into maternal and child health programming.

In Project Year 2, FANTA:

- With the MOHSS and UNICEF, supported and co-facilitated training of 94 trainers of CBHCPs in IYCF for HIV-positive women.
- Supported and co-facilitated the rollout of IYCF training to 39 facility-based health care providers.

Tanzania

In Project Year 2, FANTA worked with the Government of Tanzania and USG under the PEPFAR Partnership Framework to strengthen policy and roll out NACS in health facilities to prevent and treat malnutrition in PLHIV, clients with TB and noncommunicable diseases, pregnant and postpartum women, and children. NACS has now been integrated into more than 100 health facilities in 14 regions in Tanzania. FANTA also helped develop NACS materials for community care providers, supported linkages between nutrition and agriculture, and strengthened the postnatal continuum of PMTCT care to reduce mother-to-child transmission of HIV and mortality among HIV-positive mothers and HIV-exposed children. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Strengthen national capacity to implement NACS to prevent and treat malnutrition in people with infectious and noncommunicable diseases.

FANTA continued to provide TA to the Ministry of Health and Social Welfare, Department of Social Welfare, Tanzania Commission for HIV/AIDS, National AIDS Control Programme, and the Tanzania Food and Nutrition Centre (TFNC) to roll out NACS interventions in health facilities. Specifically, FANTA:

- Worked with TFNC to update a package of NACS training and reference materials and job aids for facility-based providers, health care facilities, and PEPFAR IP managers of antiretroviral therapy and PMTCT programs.
- With TFNC, funded and co-facilitated training of health care providers in NACS with leveraged support from PEPFAR IPs.
- Worked with TFNC and IP NACS focal persons to coach and mentor health care providers trained in NACS to improve their nutrition assessment and counseling skills.

Objective 2: Integrate NACS at the community level and strengthen clinic-community linkages and referrals for nutrition care.

In Project Year 2, FANTA:

- Worked with COUNSENUH to finalize NACS materials for community care providers in collaboration with Pamoja Tuwalee (Together We Care for Children), the USAID consortium for care of the most vulnerable children.
- Provided TA to strengthen bidirectional referrals and linkages between facility-based NACS and community support services to improve or maintain nutritional status.

Objective 3: Strengthen the postnatal continuum of PMTCT care under the PHFS.

In Project Year 2, FANTA:

- In partnership with WHO and the Ministry of Health and Social Welfare's Reproductive and Child Health Section, provided TA to PEPFAR/Tanzania IPs to operationalize the 2010 WHO guidelines on infant feeding in the context of HIV in selected districts to demonstrate that postnatal HIV interventions (including preventive and therapeutic antiretroviral drugs and promotion of optimal infant feeding from 6 to 18 months) can reduce maternal and child mortality.
- Provided TA to Tanzania PHFS partners to apply the community NACS tools developed with COUNSENUH to improve IYCF practices (such as breastfeeding exclusively for the first 6 months of life and beginning complementary feeding at 6 months).

- Facilitated application of the MEASURE Evaluation framework for the PHFS evaluation in the selected sites.
- Supported the participation of representatives of the Tanzania Ministry of Health and Social Welfare at the launch of the PHFS in Pretoria, South Africa.

Objective 4: Support linkages between nutrition and agriculture.

Tanzania is a focus country for FTF and, in Project Year 2, FANTA provided the following TA as requested by USAID/Tanzania.

- FANTA provided TA to the Government of Tanzania to host the East and Southern Africa Comprehensive Africa Agricultural Development Programme (CAADP) Nutrition Workshop in February 2013 in Dar es Salaam. During this workshop, delegations from 14 countries reviewed progress on their CAADP Compacts and Investment Plans and action needed to strengthen the food security and nutrition elements of those plans.
- FANTA worked with a national consultant based in Dar es Salaam to identify elements of the national Food and Nutrition Policy that need aligning with the National Nutrition Strategy, present key findings from the policy analysis, and obtain consensus from stakeholders on needed changes.

Uganda

In Project Year 2, FANTA focused on strengthening the capacity of the government, NGOs, and U.N. agencies to improve the quality of nutrition services in Uganda, from prevention to management of malnutrition. Specifically, FANTA contributed to the rollout of the Uganda Nutrition Action Plan (UNAP) through supporting advocacy and policy development; strengthening leadership and technical capacity to deliver nutrition services; and improving nutrition coordination, knowledge generation, and information sharing. To accomplish this, FANTA collaborated with key government sectors (health, agriculture, the Office of the Prime Minister [OPM], and social development), USAID and partner organizations, U.N. agencies, and international and local NGOs. Specific objectives and achievements for Project Year 2 include the following.

Objective 1: Increase awareness and commitment to address malnutrition.

FANTA contributed to the rollout of UNAP's Objective 5, which focuses on creating awareness of nutrition and increasing commitment to nutrition programs, by supporting advocacy efforts of government agencies and partners. In Project Year 2, FANTA:

- In support of OPM, led the development of the Uganda Nutrition Advocacy Strategy and Plan that targets key policymakers, civil society, and the media. FANTA facilitated a consultative process through meetings and workshops with key stakeholders, including OPM, REACH, UNICEF, SPRING, WFP, and others, to develop the coordinated strategy.
- Began work to update PROFILES using the 2011 Uganda Demographic and Health Survey in order to revise a package of nutrition advocacy materials. These revised materials are in draft form and will be finalized in Project Year 3.
- Coordinated a desk review of nutrition SBCC documents in Uganda to inform development of a broader communication strategy to be developed by other partners in country.
- Provided TA in training 30 youths from CSOs in nutrition advocacy using the FANTA-developed Uganda Nutrition Advocacy Training Manual. The training was conducted in collaboration with the Uganda Civil Society Coalition on Scaling Up Nutrition.

Objective 2: Strengthen leadership capacity to deliver integrated nutrition services, from prevention to management of malnutrition.

To help sectors fulfill their role in implementation of the UNAP, FANTA strengthened the nutrition leadership and technical capacity of the MOH; the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF); the Ministry of Gender, Labor, and Social Development (MGLSD); OPM; USAID IPs; district-level leaders; and the Uganda Action for Nutrition Society through development of tools and materials, training and mentorship, and conducting assessments. In Project Year 2, FANTA achieved the following.

- FANTA initiated the Uganda Nutrition Fellowship program, placing eight Fellows with host organizations, including ministries, hospitals, and NGOs/CSOs, where they have been gaining on-the-job experience. The program will continue into Project Year 3, with Fellows participating in quarterly retreats and professional development training, carrying out a project relevant to their placement, and completing the Fellowship in June 2014.
- To help districts prepare for the rollout of the UNAP, FANTA developed a UNAP orientation guide for District Nutrition Coordination Committees that explains roles, responsibilities, and

coordination and reporting mechanisms for the UNAP and co-facilitated orientation of the committees in 10 districts supported by USAID IPs SPRING and Community Connector.

- FANTA provided technical and financial support to the MOH to review and update the national NACS training package for health facility providers. FANTA will support the finalization, printing, and implementation of the training package in Project Year 3.
- FANTA collaborated with the MOH to validate the updated NACS health facility training package in four 6-day training of trainers targeting IPs, the private sector, and government-owned health facilities. In total, 100 trainers participated in this exercise.
- To manage and distribute RUTF as part of NACS services, health facilities must meet certain requirements in terms of human resource capacity; availability of nutrition materials, supplies, and equipment; supply planning and management; and storage capacity. To help USAID and partners determine health facility readiness to receive RUTF, FANTA:
 - Developed a simple, rapid assessment checklist tool to measure capacity in these key service areas, assisting partners in determining how to allocate RUTF and capacity building resources.
 - Conducted a NACS RUTF-readiness rapid assessment in 31 health facilities in collaboration with USAID IPs Baylor-Uganda, Joint Clinical Research Centre, and Northern Uganda Health Integration to Enhance Services.
- In support of the MOH, FANTA conducted a health systems assessment of IMAM and NACS services. Data were collected at the national level and in nine districts and have been analyzed. A draft report will be finalized after a validation workshop in Project Year 3.
- FANTA provided technical guidance to the MOH to update the nutrition indicators included in the Health Management Information System. Nutrition indicators have been integrated into the existing MOH registers for antenatal care, postnatal care, early infant diagnosis, outpatient department, maternity, child, antiretroviral therapy, TB, inpatient department, outpatient therapeutic care, and the user reference manual.
- Provided TA to MAAIF, MGLSD, and the Uganda Action for Nutrition Society to strengthen and integrate nutrition across sectors. Specifically, FANTA supported the development of an annual nutrition work plan, the integration of nutrition into the *National Handbook for Community Development Officers*, a stakeholders workshop for the development of guides for nutrition-related community mobilization, and the development of the society's first strategic plan.

Objective 3: Strengthen coordination, knowledge generation, and information sharing.

To improve the quality of nutrition services, it is important for partners to have opportunities to share lessons learned and learn about new research or information that is relevant to nutrition. To support such partner learning, FANTA conducted research, disseminated information, and coordinated opportunities for USAID nutrition partners to share experiences. In Project Year 2, FANTA:

- Conducted mapping of USAID nutrition IPs to support USAID/Uganda to develop geographic information system maps of USAID nutrition partners in Uganda.
- Presented at the Africa Nutrition Congress in South Africa in October 2012 on “Capacity of Nutrition Workers to Operationalize the Uganda Nutrition Action Plan.”
- Conducted qualitative research on agriculture and nutrition. FANTA submitted a draft of a report entitled “We Are Many Using the Same Land: Perceived Challenges to Smallholder Agriculture and Implications for Household Food Security and Nutrition in the North and Southwest Regions of Uganda” to USAID/Uganda in Project Year 2. FANTA expects to finalize this report in Project Year 3.

- Convened three information-sharing sessions for USAID nutrition partners with the following themes:
 - Integration of USAID support for improved nutrition programming in Uganda: successes, challenges, and opportunities
 - Scaling up nutrition programming in Uganda
 - Effectiveness of collaboration between projects and government structures in behavior change communication interventions: lessons from the SCORE project

Objective 4: Provide leadership and coordination to the national Partnership for HIV-Free Survival activity.

The PHFS is a multi-country initiative that promotes effective implementation of the WHO guidelines on PMTCT to improve HIV-free survival and health of infants and HIV-positive mothers. Uganda began implementing the PHFS in 22 health facilities in 6 districts soon after the March 2013 PHFS launch in Pretoria, South Africa. As a national-level PHFS partner, FANTA has provided ongoing technical support to the MOH and IPs, including participating in monthly cross-country experience-sharing meetings, providing support for program learning, supporting the PHFS launch, and contributing to regular reporting. In Project Year 2, FANTA:

- Supported the MOH in developing and managing PHFS coordination sessions for IPs. During these sessions, partners adapted in-country work plans and indicators, developed terms of reference, and provided information for tracking PHFS implementation. Ten sessions have been held, including field visits.
- Supported the first in-country PHFS learning session workshop in Kampala in June 2013, in collaboration with partners. At the learning session, IP teams shared service delivery modifications to improve QI focus areas, and national partners helped teams develop action plans for other QI focus areas and strengthened capacity in problem analysis. A total of 68 health providers participated in the 3-day learning session.
- Supported the planning and documentation of the August 2013 in-country launch of the PHFS in Namutumba district on August 9, 2013, as part of World Breastfeeding Week. FANTA developed the first draft of the launch report, which will be finalized with partner input in Project Year 3.

Vietnam

Since 2008, FANTA has supported the integration of nutrition into HIV services in collaboration with the National Institute of Nutrition (NIN) in Vietnam. In Project Year 2, FANTA worked with NIN and PEPFAR/Vietnam to integrate nutrition into health care services, providing TA to NIN to disseminate the *National Guidelines for Nutrition Care and Support of PLHIV*, finalize national nutrition and HIV training materials, and plan a nutrition and HIV and IMAM pilot in Đắk Lắk Province in the Central Highlands. The following are specific objectives and achievements for Project Year 2.

Objective 1: Continue to support NIN to coordinate integration of nutrition into HIV services to reduce malnutrition and optimize treatment outcomes.

In Project Year 2, FANTA:

- Supported NIN in the dissemination of the *National Guidelines for Nutrition Care and Support of PLHIV* to national and provincial health managers.
- Provided TA to finalize data analysis from a 2012 assessment of the nutritional status of adults living with HIV at one outpatient clinic.
- Provided TA to finalize, pretest, and revise the national nutrition and HIV training manual.
- Provided TA to NIN to train provincial trainers in nutrition and HIV in the nine PEPFAR-supported provinces and Đắk Lắk.
- Provided TA to NIN to plan nutrition and HIV training for district and health facility staff in the same provinces.
- Advocated with NIN and the Vietnam Administration of HIV/AIDS Control to include nutrition indicators in the HIV health management information system.

Objective 2: Pilot the integration of IMAM for malnourished children under 5 years of age in three communes in Krông Bông District and pilot NACS for malnourished PLHIV in Buôn Ma Thuột District in Đắk Lắk Province.

To strengthen the capacity of district health care providers to deliver high-quality nutrition services, including prescription of SFPs, FANTA:

- Worked with USAID/Vietnam, NIN, the Vietnam Administration of HIV/AIDS Control, and provincial and district health authorities to develop a proposal for piloting NACS in Đắk Lắk Province.
- Worked with NIN and UNICEF to calculate quantities of SFPs, anthropometric equipment, and other supplies to roll out IMAM in three communes in Krông Bông District and to roll out nutrition for PLHIV in two district hospitals in Đắk Lắk Province.

Other Countries

FANTA also completed work in the following countries in Project Year 2.

Malawi

In response to a request from the Nutrition Unit of the MOH and USAID/Malawi, in 2011, FANTA implemented a rapid review of the status of nutrition programming in the context of HIV in Malawi. A key outcome of this review was the identification of strengths, challenges, and opportunities in Malawi's nutrition care, support, and treatment services based on the following themes: design and implementation, comprehensiveness, coverage, integration, M&E, QI, and sustainability. A subsequent visit conducted by FANTA in March 2013 highlighted a number of priority areas for potential FANTA involvement. Discussions with the Mission led to the decision to open a FANTA office in Malawi. In Project Year 2, an outline of a plan of action was developed and a FANTA/Malawi project manager was recruited. In Project Year 3, FANTA/Malawi will build on conclusions and recommendations made as a result of the two visits and consultation with various stakeholders.

Zambia

In mid-2013, USAID/Zambia asked FANTA, LIFT, and ASSIST to work with the USAID-funded Thrive project and PCI/Zambia to support a district-led NACS pilot to provide proof of the NACS concept to inform scale-up to other provinces. These NACS Acceleration Partners will work with the MOH; the Ministry of Community Development, Mother and Child Health; the National Food and Nutrition Commission; and provincial and district health officials, managers, and providers to integrate NACS into 34 health facilities in Kitwe District over the next 2 years. In Project Year 2, FANTA supported and co-facilitated training of 52 health care providers in NACS and visited sites identified for NACS integration to mentor trained staff. FANTA also participated in a national Nutrition Technical Working Group, provided TA to the MOH to reprogram Global Fund resources to include nutrition in HIV services, drafted a community NACS training manual for community volunteers, worked with the MOH to update the 2009 national *Nutrition Guidelines for Care and Support of PLHIV* and a counselling flipchart and wall charts on nutrition for PLHIV, and supported printing of limited copies of these materials.

Annex 1. Performance Management Plan for Project Year 2

FANTA's Performance Management Plan (PMP) contains indicators that measure achievement against the project's objectives, as well as indicator definitions, type, source, and data collection methodologies. The PMP indicators measure the project's immediate outputs, such as number of people trained and number of policies/programs/systems being strengthened. The PMP also includes outcome indicators to measure advancement of research findings and the degree to which nutrition is integrated into national policies.

To track research activities under IR 1, each distinct research effort is assessed annually for its progress in terms of the "Pathway from Research to Field Implementation and Use," a GH scale that assesses the extent to which research findings become widely adopted by programs and policies. In Project Year 2, FANTA developed the methodology for impact stories, which will document examples of FANTA research that has affected global normative standards and how FANTA tools and TA have helped strengthen food security and nutrition programs and policies.

Country activities under IR 2 are measured with scales that assess the level of progress being made in terms of integrating nutrition into national HIV policies and programs (see **Figure A1.1** for explanation of phases), improving MCHN policies/advocacy/systems/capacities (see **Figure A1.2** for explanation of phases), and measuring integration of CMAM into national health systems (see **Figure A1.3** for explanation of phases, which was developed during Project Year 2).

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
PROJECT OBJECTIVE: Food security and health policies, programs, and systems for improved nutrition strengthened				
1 Number of assisted countries that have advanced at least one phase in the integration of nutrition approaches	<p>This indicator is a summary compilation of the following IR 2 indicators:</p> <ul style="list-style-type: none"> Integration of nutrition into HIV response (see Figure A1.1 for phases and milestones) Strengthening MCHN policies, advocacy, systems, and capacities (see Figure A1.2 for phases) Integration of CMAM into national health systems (see Figure A1.3 for phases). FANTA developed phases for the CMAM indicator in Project Year 2. 	In an annual participatory process, FANTA staff assesses the integration milestones and corresponding phases reached by each country.	<p>The assisted countries and their anticipated milestones reached by the end of Project Year 2 are:</p> <p><u>HIV – Project Year 2 Targets: 5 countries*</u> Côte d'Ivoire – Phase 2 to Phase 3; Ethiopia - Phase 3 (no change); Ghana - Phase 2 to Phase 3; Haiti – Phase 1 to Phase 2; Mozambique - Phase 2 (no change); Namibia – Phase 2 to Phase 3; Tanzania – Phase 2 to Phase 3; Vietnam - Phase 1 (no change)</p> <p><u>MCHN – Project Year 2 Targets: 2 countries**</u> Guatemala – Phase 1 to Phase 2 (for advocacy); Uganda – Phase 1 to Phase 2 (for systems strengthening) and Phase 2 to Phase 3 (for capacity strengthening)</p> <p><u>CMAM – Targets were not set for Project Year 2 because phases were being developed.</u></p>	<p><u>HIV - Project Year 2 Achievements: 1 country</u> Ghana - Phase 2 to Phase 3</p> <p><u>MCHN - Project Year 2 Achievements: 2 countries</u> Guatemala - Phase 1 to Phase 2 (for advocacy) Uganda – Phase 2 to Phase 3 (for capacity strengthening)</p> <p><u>CMAM - Project Year 2 Achievements: 1 country</u> Ghana – Phase 1 to Phase 2</p>
2 Impact stories produced about nutrition policies/programs/systems being strengthened by FANTA	<p>Evidence in the form of qualitative impact stories of selected nutrition policies/programs/systems that have been strengthened through FANTA assistance.</p> <p>FANTA "impact stories" are more rigorous and have a more widespread audience than the traditional success story. FANTA impact stories follow a defined protocol to ensure stories are objective and are fully supported by data. Impact stories may look retrospectively at the project's actions/interventions and how these actions inform future activities at FANTA.</p>	During annual work plan activities, the FANTA Sr. M&E Advisor along with the Senior Management Team will meet to identify potential impact stories and assign responsibility for researching and writing the stories.	<u>Project Year 2 Targets: 1 impact story</u>	<p><u>Project Year 2 Achievements: 0</u> Write-up of 1 impact story is in progress and will be completed in early Project Year 3.</p>
CROSS-CUTTING GENDER INTEGRATION				
3 Average gender integration score across all FANTA TA activities	FANTA developed a methodology for the gender integration score in Project Year 2.		FANTA will start measuring gender integration in Project Year 2, with targets TBD.	Methodology has been developed and the indicator will be implemented in Project Year 3.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
INTERMEDIATE RESULT 1: Global evidence and capacity for food security and health policies, programs, and systems for improved nutrition strengthened				
4 (IR 1.1) Impact stories produced about FANTA research being used/applied	<p>This is a specific type of impact story described in indicator #2. These stories detail the impact of FANTA research findings.</p> <p>FANTA developed a standard template, process, and quality criteria for impact stories during Project Year 2.</p>		<u>Project Year 2 Targets:</u> 1 impact story	<u>Project Year 2 Achievements:</u> 0 Write-up of 1 impact story is in progress and will be completed in early Project Year 3.
5 (IR 1.1) Number of research publications produced	<p>List of research publications issued</p> <p>“Research publications” includes:</p> <ul style="list-style-type: none"> • Peer reviewed publications • Research-related publications (research reports, occasional papers, technical briefs, articles) that are published by FANTA and disseminated via the website 	Routine project records of research publications	<u>Project Year 2 Target:</u> 1 research publication	<u>Project Year 2 Achievements:</u> 12 research publications <ol style="list-style-type: none"> 1. A process evaluation of the Tubaramure Program for Preventing Malnutrition in Children Under 2 Approach (PM2A) in Burundi 2. A process evaluation of the PROCOMIDA Program for Preventing Malnutrition in Children Under 2 Approach (PM2A) in Guatemala 3. Strengthening and evaluating the PM2A in Guatemala: Report of the enrollment survey 4. FAFSA-2 full report 5. FAFSA-2 abridged report 6. Designing appropriate complementary feeding interventions: tools for programmatic action 7. Madagascar FSCF 8. Malawi FSCF 9. Burundi FSCF 10. FSCF (procurement-sensitive) 11. FSCF (procurement-sensitive) 12. Ethiopia Urban Garden Program review

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
6 (IR 1.1) Number of research activities that have advanced at least one stage on the <i>Pathway from Research to Field Implementation and Use</i>	<p>A research activity is defined as an activity in which a defined methodology or protocol is followed to systematically collect and/or analyze information to advance knowledge, the results and/or recommendations of which are generally made available to the public, or a specific target audience via a presentation, technical report, peer review article, or other dissemination vehicle.</p> <p>Status of each of FANTA's current research activities on the <i>Pathway from Research to Field Implementation and Use</i>. The Pathway is adapted from <i>USAID/GH's Health-Related Research and Development Activities at USAID- Report to Congress</i>, May 2006.</p> <p>FANTA's proposed adapted version of the Pathway contains six stages:</p> <ol style="list-style-type: none"> 1) Problem identification (strategic planning, problem identification, and priority setting) 2) Design and development (review of evidence and formulation of program theory; applied research and testing to create tools, approaches, and interventions) 3) Releasing documentation (packaging and release of written documents (policy, guidelines, tools) 4) Implementation (facilitation of adoption of approach, country-level program/policy rollout/diffusion into regular use, monitoring of program rollout) 5) Assessment (evaluate, refine program theory, revise documentation) 6) Consensus (agreement between researchers and practitioners that approach should be the norm) 	For each of the principle research activities, FANTA specialists in consultation with the AOR will identify targets during work planning and will determine whether activity reached intended target during annual reporting.	<p><u>Project Year 2 Targets: 20 activities</u></p> <ol style="list-style-type: none"> 1. Title II exit strategies study Stage 2 to Stage 3 2. MUAC for CMAM discharge criteria study in Malawi Stage 2 to Stage 3 3. MUAC cut-offs for adolescents and adults Stage 2 to Stage 3 4. Downstream uses of food aid Stage 1 to Stage 2 5. Agriculture and nutrition linkages in Guatemala Stage 1 to Stage 2 6. Agriculture and nutrition linkages in Uganda Stage 2 to Stage 3 7. RUTF acceptability study in Vietnam Stage 2 to Stage 3 8. FAFSA-2 Stage 3 to Stage 4 9. Optifood tool development Stage 2 to Stage 3 10. HIV-free survival indicator research Stage 1 to Stage 2 11. IPC food consumption indicators study Stage 1 to Stage 2 12. Acceptability of specialized foods among PLHIV in Côte d'Ivoire Stage 1 to Stage 2 13. Evaluation of PNN in Côte d'Ivoire Stage 1 to Stage 2 14. South Sudan FSF Stage 1 to Stage 3 15. Quality of NACS service assessment in Namibia Stage 1 to Stage 2 16. Data analysis of relationship between growth and development Stage 1 to Stage 2 17. Post-MAM recovery study Stage 1 to Stage 2 18. Field testing of new tool to measure infant cognition Stage 1 to Stage 2 19. Treatment of MAM during pregnancy study Stage 1 to Stage 2 20. Namibia NACS assessment Stage 1 to Stage 2 	<p><u>Project Year 2 Achievements: 13 activities</u></p> <ol style="list-style-type: none"> 1. FAFSA-2 (stage 3 to stage 4) 2. Post MAM recovery study (stage 1 to stage 2) 3. Uganda agriculture/nutrition linkages research (stage 2 to stage 3) 4. Guatemala agriculture/nutrition linkages research (stage 1 to stage 2) 5. Madagascar GMP (stage 1 to stage 2) 6. South Sudan FSF (stage 1 to stage 3) 7. Burundi FSCF (stage 1 to stage 3) 8. Malawi FSCF (stage 1 to stage 3) 9. Madagascar FSCF (stage 1 to stage 3) 10. Procurement-sensitive FSCF (stage 1 to stage 3) 11. Procurement-sensitive FSCF (stage 1 to stage 3) 12. Quality of NACS service delivery assessment (stage 1 to stage 4) 13. Namibia NACS assessment (stage 1 to stage 2)
7 (IR 1.2) Impact stories produced about FANTA M&E and other tools being used or applied	<p>This is a specific type of impact story described in indicator #2. These stories are about the impact of FANTA tools.</p> <p>FANTA developed a standard template, process, and quality criteria for impact stories during Project Year 2.</p>		<p><u>Project Year 2 Target: 1 impact story</u></p>	<p><u>Project Year 2 Achievements: 0</u></p> <p>Write-up of 1 impact story is in progress and will be completed in early Project Year 3.</p>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
8 (IR 1.2) Number of tools developed	<p>List of the new tools developed.</p> <p>A tool is defined broadly as any sort of approach or methodology or instrument designed to demonstrate how to do something or facilitate getting something done. It can be a worksheet, a checklist, a set of steps, guidelines, technical reference materials, indicator guidelines, etc.</p>	<p>FANTA and USAID will discuss list of tools to be developed during work planning. FANTA will report on tools produced at reporting time.</p>	<p><u>Project Year 2 Targets: 15 tools</u></p> <ol style="list-style-type: none"> 1. DQA checklists 2. Calculator for sample size inflation 3. Tools for formative research for integrating family planning into Title II programs 4. Annual monitoring standard indicator handbook 5. Gender indicator handbook 6. Formative research tools for the integration of family planning into food security and nutrition programs 7. Coverage monitoring tool (Ghana) 8. Update of HIV M&E tool to include nutrition (Ghana) 9. Costing and planning tool for nutrition and HIV 10. National tools for the integration of food and nutrition programs (Ethiopia) 11. Decision algorithm for nutrition care and support of PLHIV and OVC (Côte d'Ivoire) 12. Supportive supervision tools (Côte d'Ivoire) 13. Supportive supervision checklist (Mozambique) 14. Mentoring and supervision tools (Namibia) 15. Supervisory tools for IYCF (Bangladesh) 	<p><u>Project Year 2 Achievements: 40 tools</u></p> <p>See details in Annex 2.</p>
9 (IR 1.3) Number of global normative standards and policies being strengthened	<p>List of new/developing global normative standards and policies to which FANTA is contributing.</p> <p>Global normative standards and policies are criterion/models/rules that have been publically accepted or supported or promoted by respected international institutions, like U.N.-affiliated bodies. They are usually codified in a formal publication.</p>	<p>The global norms and policies for FANTA to participate in each year will be identified in discussions between FANTA and USAID during work planning. At reporting time, FANTA will report on global norms and policies where FANTA actually participated.</p>	<p><u>Project Year 2 Targets: 9 standards/policies</u></p> <ol style="list-style-type: none"> 1. USAID/FFP PMP 2. FTF M&E 3. Title II M&E for nonemergency programs 4. Title II M&E for emergency programs 5. Global NACS indicators 6. WHO guidelines for an integrated approach to the nutritional care of HIV-infected adolescents and adults, including pregnant women 7. Updated WHO guidelines on the management of MAM and SAM 8. WHO Guidelines for nutritional management of HIV 9. WHO Guidelines for nutritional management of TB 	<p><u>Project Year 2 Achievements: 4 standards/policies</u></p> <ol style="list-style-type: none"> 1. Title II M&E for development programs 2. Title II M&E for emergency programs 3. WFP M&E for emergency programs 4. NUGAG adult and adolescent guidelines

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
10 (IR 1.3) Number of posters/presentations delivered	<p>List of professional meetings and events at which posters/presentations of FANTA work delivered</p> <p>This includes formal professional meetings/workshops/conferences for which a formal report would come out of and not routine presentations made as a part of offering technical assistance (TA). Presentations/posters could have been delivered by non-FANTA staff, as long as presentations/posters were about FANTA work or research/presentation was funded by FANTA.</p>	Count of events where presentations/posters were delivered. Tracking spreadsheet includes: title of event, title of presentation/poster, FANTA staff name, location, date, audience.	Project Year 2 Targets: 2 posters/presentations	<p>Project Year 2 Achievements: 97 posters/presentations</p> <p>See details in Annex 3.</p>
11 (IR 1.4) Post-training adoption rate (average and for each training activity)	<p>As part of its standard approach to training, all FANTA trainings will include a follow-up with trainees to assess whether the skills imparted during the training, or the tasks/steps covered during the workshop, have been adopted, used, applied, or resulted in behavior change, as expected. The post-training adoption measurement for each training event will be appropriately adapted to the specific objectives of each training and the expected change.</p> <p>Levels of post-training adoption:</p> <ul style="list-style-type: none"> • High adoption • Medium adoption • Low adoption <p>FANTA is developing the methodology to measure this indicator.</p>	The measurement of adoption rate depends on the specific objective of the training. FANTA staff delivering the training will keep records on the post-training adoption rates and submit these for aggregation. Aggregation methodology is TBD.	FANTA will start measuring this indicator in Project Year 2, with targets TBD.	Feasibility assessment of piloting this indicator across the three clusters and development of a methodology to measure it are in progress.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
12 (IR 1.4) Number of men and women trained by FANTA	This is a count of participants attending trainings given by FANTA. This will be disaggregated by funding source, topic, and sex.	Attendance sheets from trainings will be tabulated for this indicator.	<p>Project Year 2 Targets: 6,708 total people trained</p> <p>Under IR1 activities: 100 total people trained (FFP funding)</p> <p>Under IR2 country activities: 2,307 total people trained through OHA funding 4,301 total people trained through Mission/GH funding</p> <ul style="list-style-type: none"> • 1,000 people trained – Bangladesh (Mission/GH funding) • 80 people trained – Cote d'Ivoire (OHA funding) • 270 people trained – Ethiopia (240 OHA, 30 Mission/GH funding) • 3,736 people trained – Ghana (525 OHA, 3,211 Mission/GH funding) • 60 people trained – Guatemala (Mission/GH funding) • 40 people trained – Haiti (OHA funding) • Mozambique targets TBD • 150 people trained – Namibia (OHA funding) • 940 people trained – Tanzania (OHA funding) • 100 people trained – Uganda (OHA funding) • 232 people trained – Vietnam (OHA funding) 	<p>Project Year 2 Achievements: more than 7,900 women and <u>men trained</u></p> <p>See details in Annex 4.</p>
13 (IR 1.4) Percentage of FANTA training sessions that successfully achieved training objectives (according to participants)	<p>FANTA will use a standardized approach to all its capacity building activities which includes having participants fill out evaluation forms at the end of each training session.</p> <p>FANTA developed the methodology to measure this indicator in a systematic way across training sessions in Project Year 2.</p>	FANTA will ask training participants to fill out evaluation forms at the end of the training. The scores of the evaluation forms will be tabulated across all FANTA trainings each year.	FANTA will start measuring this indicator in Project Year 2, with targets TBD.	Methodology defined in Project Year 2 and will be implemented Project Year 3.

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
14 (IR 1.4) Average percentage point change in score between pre- and post-tests of participants of FANTA trainings	FANTA will use a standardized approach to all its capacity building activities which includes beginning all formal trainings with a pretest and ending with a post-test. The average improvement between the tests will be tabulated. FANTA developed the methodology to measure this indicator in a systematic way across training sessions during Project Year 2.	Pre- and post-tests will be given to participants at all FANTA trainings each year. Scores can be tabulated from both tests and the average improvement between pre- and post-test scores. This will be averaged across all FANTA trainings each year.	FANTA will start measuring this indicator in Project Year 2, with targets TBD.	Methodology defined in Project Year 2 and will be implemented in Project Year 3.
INTERMEDIATE RESULT 2: Country-driven food security and health policies, programs, and systems for improved nutrition strengthened				
15 (IR 2.3) Number of HIV countries reaching Phase 3 in terms of integrating nutrition into national HIV policies/programs/systems	Status of each assisted country in terms of integrating nutrition into national HIV policies/programs/systems. There are 3 phases. See Figure A1.1 for a description of the phases and milestones.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration milestones reached by each country.	<u>Project Year 2 Targets: 5 countries</u> The HIV countries and their anticipated phases reached by the end of Project Year 2 are: Côte d'Ivoire – Phase 2 to Phase 3; Ethiopia - Phase 3 (no change); Ghana - Phase 2 to Phase 3; Haiti – Phase 1 to Phase 2; Mozambique - Phase 2 (no change); Namibia – Phase 2 to Phase 3; Tanzania – Phase 2 to Phase 3; Vietnam - Phase 1 (no change)	<u>Project Year 2 Achievements: 1 country</u> Ghana - Phase 2 to Phase 3
16 (IR 2.4) Number of MCHN countries reaching Phase 3 in any thematic focus area in the process of improving their MCHN policies/advocacy/systems/capacities	MCHN measures the number of assisted countries that have advanced at least one phase in any of the following thematic focus areas: <ul style="list-style-type: none"> • Policy • Advocacy • Systems Strengthening • Capacity Strengthening There are 4 phases. See Figure A1.2 for a description of the phases.	In an annual participatory process, relevant stakeholders and FANTA specialists will assess the integration phases reached by each country.	<u>Project Year 2 Targets: 0 countries</u> No countries will newly enter Phase 3 in Project Year 2 (some are already in Phase 3; they will just advance within the phase).	<u>Project Year 2 Achievements: 0 countries</u>

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
17 (IR 2.1) Number of countries reaching Phase 2 and Phase 3 in the process of integrating CMAM into their policies/ programs/systems	FANTA measures the evolution of integration of CMAM into health systems through its integration phase matrix. The matrix considers specific milestones in each of the following domains: <ul style="list-style-type: none"> • Governance • Financing • Workforce • Information • Equipment and products • Service delivery <p>See Figure A1.3 for a description of the phases.</p>	Annual review with national authorities and stakeholders of CMAM integration will allow identifying which milestones have been achieved and classification of the country.	Targets were not set because the development of the classification table related to the indicator occurred in Project Year 2.	Project Year 2 Achievements: <u>1 country</u> Ghana – Phase 1 to Phase 2
USAID Offices' Reporting Indicators for Annual Operational Plans and Performance Reports				
18 # of people trained in child health and nutrition through USG-supported health area programs, during the FY (GH/HIDN indicator)				Project Year 2 Achievements: <u>0</u>
19 # of female IP staff trained in M&E funded by FFP (FFP indicator)				Project Year 2 Achievements: <u>20</u> 7 – Niger 13 – Zimbabwe
20 # of male IP staff trained in M&E funded by FFP (FFP indicator)				Project Year 2 Achievements: <u>31</u> 17 – Niger 14 – Zimbabwe
21 # of female USAID staff trained in M&E funded by FFP (FFP indicator)				Project Year 2 Achievements: <u>9</u> 3 – Niger 6 – Zimbabwe
22 # of male USAID staff trained in M&E funded by FFP (FFP indicator)				Project Year 2 Achievements: <u>9</u> 3 – Niger 6 – Zimbabwe
23 # of evaluations undertaken during the FY, partially or fully funded by FFP (FFP indicator)	Evaluation involves a systematic collection of information on the performance and impacts of ongoing or completed USG-funded projects, programs, or subsets of activities.		Project Year 2 Targets: <u>1</u> 1. FAFSA-2	Project Year 2 Achievements: <u>1</u> FAFSA-2

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
24 # of sector assessments, undertaken during the FY (FFP indicator)	Sector assessments are undertaken to provide comprehensive analyses of needs and opportunities in a particular sector so that informed strategic and programmatic decisions can be made. A sector is broadly defined to include gender, environment, agriculture, industry, food security, health, education, and democracy.		Project Year 2 Targets: 6	Project Year 2 Achievements: 8 <ul style="list-style-type: none"> • 5 FSCFs • 2 WFP Reports (<i>From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of WFP Emergency Food Aid and Food Assistance Programs</i> and <i>From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of USAID FFP Emergency Food Aid Programs</i>) • 1 FSF South Sudan Report (<i>Framework for Improving Food Security Programming in the Equatorias, South Sudan</i>)
25 # of countries with introduction OR expansion of cutting edge nutrition interventions, during the FY (CMAM for FANTA) (GH/HIDN indicator)				Project Year 2 Achievements: 2 Bangladesh: LNS and MNP research study Malawi: LNS research

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
26 # of information gathering or research activities, during the FY (GH/HIDN indicator/FFP indicator)			<p><u>Project Year 2 Targets (partially or fully funded by GH/HIDN): 7 activities</u></p> <ol style="list-style-type: none"> 1. LNS effectiveness study in Bangladesh 2. LNS-RTI study in Malawi 3. MUAC for CMAM discharge study 4. Analysis of the association between preterm birth, growth failure, child development, and a promising prenatal health intervention 5. Field testing of a new method to measure early childhood cognitive development 6. Interventions to effectively treat MAM among HIV-positive and HIV-negative women during pregnancy 7. Effectiveness of interventions for sustaining nutritional status among children who have recently recovered from MAM <p><u>Project Year 2 Targets (partially or fully funded by FFP): 8 activities</u></p> <ol style="list-style-type: none"> 1. PM2A study in Burundi 2. PM2A study in Guatemala 3. Exit strategy study in Bolivia 4. Exit strategy study in Honduras 5. Exit strategy study in India 6. Exit strategy study in Kenya 7. FAFSA-2 8. Downstream uses of food aid 	<p><u>Project Year 2 Achievements (partially or fully funded by GH/HIDN): 5</u></p> <ol style="list-style-type: none"> 1. Effectiveness of lipid-based nutrient supplements (LNS) in Bangladesh 2. Effectiveness of dietary interventions during pregnancy in Malawi 3. Effectiveness of interventions for sustaining nutritional status among children who have recently recovered from MAM 4. Simplification of CMAM discharge criteria 5. Assessment of growth monitoring and promotion programs <p><u>Project Year 2 Achievements (partially or fully funded by FFP): 6</u></p> <ol style="list-style-type: none"> 1. PM2A study in Guatemala 2. PM2A study in Burundi 3. Exit strategy study in Bolivia 4. Exit strategy study in Honduras 5. Exit strategy study in Kenya 6. Exit strategy study in India
27 # of technologies and tools under development during the FY (GH/HIDN indicator)			<p><u>Project Year 2 Targets***: 14</u></p> <ol style="list-style-type: none"> 1. FFP indicators handbook for baseline and final evaluation indicators (revised 2012) 2. Supportive supervision checklist (Mozambique) 3. Tools for nutrition counseling for PLHIV (Mozambique) 4. Supervisory tools for IYCF (Bangladesh) 5. FFP M&E policy manual 6. SAPQ 7. DQA checklist 8. Gender toolkit 9. Ag/nutrition e-learning tool 10. Quick start guide for Nutrition Program Design Assistant tool 11. Make me a change agent training manual 12. Updated FANTA sampling guide 13. Coverage monitoring tool (Ghana) 14. Toolkit of SBCC materials 	<p><u>Project Year 2 Achievements: 3</u></p> <ol style="list-style-type: none"> 1. Chronic Food Insecurity IPC Tool 2. Optifood 3. PROFILES

PERFORMANCE INDICATORS BY RESULTS	DEFINITION, TYPE, UNIT OF ANALYSIS	DATA COLLECTION METHOD AND SOURCE	TARGETS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013	ACHIEVEMENTS PROJECT YEAR 2 OCTOBER 1, 2012–SEPTEMBER 30, 2013
28 # of countries engaged in capacity building activities, during the FY, to strengthen assessment, design, and implementation of Title II programs (FFP indicator)	Countries are Title II intervention countries receiving TA assistance from FANTA-2. This includes food security country frameworks (FSCF); regional and country-specific M&E workshops; baseline, midterm, and final evaluation (BL/MTE/FE) support; Layers; early warning and response (EWR)/trigger indicators; and indicator performance tracking table (IPTTs)/results frameworks (RF) and multi-year assistance program (MYAP) reviews.		Project Year 2 Targets: 11 countries	<p>Project Year 2 Achievements: <u>TA for EWR/trigger indicator: 1 (Haiti)</u></p> <p><u>FSCFs: 5</u></p> <p><u>Regional and country-specific M&E workshops: 2 (Niger, Zimbabwe)</u></p> <p><u>BL/MTE/FE support and RF/IPTT: 13</u></p> <ol style="list-style-type: none"> 1. DRC (MTE, IPTT/PMP) 2. Guatemala (IPTT/PMP/RF) 3. Liberia (ARR, MTE) 4. Madagascar (FE, MTE, IPTT) 5. Malawi (FE, PREP) 6. Mali (Baseline TOR, Questionnaire, BL SOW, FE TOR, FE SOW) 7. Mozambique (FE SOW, FE report, BL) 8. Mauritania (FE) 9. Niger (FE SOW, IPTT/RF/PMP) 10. Sierra Leon (MTE, IPTT/PREP) 11. South Sudan (Joint BL report) 12. Uganda (IPTT/PMP/RF) 13. Zimbabwe (emergency program sampling design for FE)

* Targets for Project Year 2 include incorrect starting points for Haiti, Namibia, and Tanzania.

** These targets have been revised since the submission of the Project Year 2 work plan to better reflect actual planned activities for the Project Year.

*** In the Project Year 2 work plan, the target for this indicator was erroneously stated as 17. The error occurred because FANTA double-counted three deliverables. The current count of 14 reflects the accurate number of deliverables planned for reporting against this indicator.

Figure A1.1. Phases and Milestones of Integration of Nutrition into HIV Response

TASK	PHASE 1. FANTA Leadership and Coordination	PHASE 2. FANTA Technical Assistance	PHASE 3. Government Leadership and Coordination
STRATEGIC PLANNING for Integrating Nutrition into HIV Facility and Community Services	<ol style="list-style-type: none"> 1. Gaps and opportunities identified 2. Nutrition NACS resources (staff, supplies, materials, equipment, storage capacity) assessed 3. Prevalence of malnutrition among PLHIV known 4. National strategy developed 		
NATIONAL AND REGIONAL COORDINATION for Integrating Nutrition into HIV Facility and Community Services	<ol style="list-style-type: none"> 5. Nutrition and HIV focal point identified in national institution (e.g., MOH) 6. Group of national stakeholders working on integration, including participating in planning and developing guidelines and training materials 7. Evidenced-informed advocacy material developed 	<ol style="list-style-type: none"> 1. National and regional stakeholders continue collaboration, including disseminating national nutrition guidelines, developing nutrition care standards, and supporting training and other Phase 2 activities 	<ol style="list-style-type: none"> 1. National and regional stakeholders continue collaboration, including wider dissemination of materials and supporting training and other Phase 3 activities
GUIDELINES	<ol style="list-style-type: none"> 8. National nutrition guidelines for PLHIV developed³ 	<ol style="list-style-type: none"> 2. Guidelines disseminated 3. Nutrition care standards developed for QI 	
TRAININGS	<ol style="list-style-type: none"> 9. National nutrition and HIV training materials, including the topics discussed under the guidelines, developed and/or integrated into other health training materials 10. National training materials developed for community-based nutrition care for PLHIV 11. National nutrition and HIV training, supervision, and mentoring plan developed 12. Trainers of facility-based service providers trained using national nutrition and HIV training materials 13. Trainers of community-based service providers trained in nutrition for PLHIV 	<ol style="list-style-type: none"> 4. Facility-based service providers trained in initial sites using national nutrition and HIV training materials 5. Community-based service providers trained in nutrition for PLHIV in initial sites 6. Trained service providers mentored and supervised 	<ol style="list-style-type: none"> 2. Additional facility-based service providers trained using national nutrition and HIV training course 3. Additional community-based service providers trained in nutrition for PLHIV 4. Refresher training conducted for service providers previously trained in NACS 5. Trained service providers mentored and supervised 6. Opportunities for nutrition and HIV professional development or ongoing capacity development available 7. Nutrition and HIV included in pre-service training of health care providers
SBCC	<ol style="list-style-type: none"> 14. Formative research done to inform a SBCC strategy for nutrition and HIV 15. Nutrition and HIV SBCC strategy developed 	<ol style="list-style-type: none"> 7. SBCC strategy implemented to include SBCC materials (e.g., counseling and client education materials, radio messages) developed 	<ol style="list-style-type: none"> 8. SBCC strategy monitored and evaluated
SUPPLIES, EQUIPMENT, AND	<ol style="list-style-type: none"> 16. Job aids developed to support national nutrition 	<ol style="list-style-type: none"> 8. Job aids disseminated 	<ol style="list-style-type: none"> 9. SFPs procured and distributed as part of

³ Guidelines should address nutrition assessment, critical nutrition actions for PLHIV, nutrition counseling, treatment of malnutrition, and referral to support services or nutrition for PLHIV integrated into other guidelines (e.g., for management of acute malnutrition or medical treatment of HIV).

TASK	PHASE 1. FANTA Leadership and Coordination	PHASE 2. FANTA Technical Assistance	PHASE 3. Government Leadership and Coordination
MATERIALS	and HIV guidelines and training materials	9. MOH and/or partners support procurement of SFPs to treat malnutrition 10. MOH and/or partners provide NACS supplies, equipment, and materials	MOH supply system
IMPLEMENTATION		11. Nutritional status of clients assessed in initial sites 12. Clients counseled in initial sites 13. SFPs prescribed to treat malnutrition in initial sites 14. Two-way clinic-community referral system established 15. QI system in place	10. NACS services scaled up beyond initial sites 11. SFPs to treat malnutrition prescribed beyond initial sites 12. Nutritional status of PLHIV routinely assessed according to care standards 13. Clients routinely counseled on nutrition according to care standards 14. Clients routinely referred between clinic and community services
MONITORING AND EVALUATION	17. Tools developed to collect data on nutrition services for PLHIV	16. Nutrition and HIV data routinely collected in initial sites 17. Data monitored and evaluated in initial sites	15. Data routinely collected in scale-up sites 16. Data used for decision making 17. Nutrition and HIV indicator(s) included in the national health management information system

Figure A1.2. Phases in FANTA's Process of Strengthening MCHN Policies, Advocacy, Systems, and Capacities

PHASE 1. ASSESS	PHASE 2. PLAN	PHASE 3. IMPLEMENT	PHASE 4. EVALUATE
Identify gaps, challenges and opportunities.	Develop an approach (e.g., strategy, implementation plan, protocol).	<p>A. Review existing materials.</p> <p>B. Revise existing or develop new materials.</p> <p>C. Hold trainings, workshops, or meetings in support of the materials.</p> <p>D. Follow-up and coordinate</p> <p>E. Monitor and evaluate the approach.</p>	<p>Policy: A favorable policy environment exists.</p> <p>Advocacy: Demand for, visibility of, and resources for nutrition are increased.</p> <p>Systems Strengthening: Government and nongovernment entities are aligned and provide a common platform of nutrition services.</p> <p>Capacity Strengthening: The capacity of the country to coordinate on a multisectoral level and improve the quality of nutrition services from prevention to treatment is strengthened.</p>

Figure A1.3. Phases for Integration of CMAM into National Health Systems

Health System Building Blocks	Phases of Integration			
	Phase 0	Phase 1	Phase 2	Phase 3
Governance	<ul style="list-style-type: none"> CMAM services implemented in pilot areas and recognized by national government as a necessary approach for treatment of acute malnutrition 	<ul style="list-style-type: none"> Sensitization of key stakeholders to the importance of structured responses to acute malnutrition Scale-up plan designed that targets focus areas (high prevalence/caseload areas) and is tailored to local context Global CMAM guidelines agreed upon and national guidelines initiated Development of CMAM in-service training packages initiated 	<ul style="list-style-type: none"> Inclusion of CMAM in national nutrition policy initiated National scale-up strategy developed and costed National CMAM guidelines finalized, endorsed, and disseminated 	<ul style="list-style-type: none"> National nutrition policy including CMAM endorsed
Financing		<ul style="list-style-type: none"> Nonemergency funds secured for CMAM scale-up (> 1 year) 	<ul style="list-style-type: none"> National funds available for at least 25% of CMAM costs (as per costed strategy) 	<ul style="list-style-type: none"> All CMAM costs supported by national funds
Workforce		<ul style="list-style-type: none"> Minimum CMAM personnel requirements for national and sub-national levels identified CMAM in-service training initiated 	<ul style="list-style-type: none"> 25% increase in nutrition positions at national and sub-national levels 25% increase in trained workforce in targeted areas Design of CMAM pre-service training packages for relevant personnel initiated 	<ul style="list-style-type: none"> > 50% nutrition positions created at national and sub-national levels > 50% workforce trained in targeted areas CMAM pre-service training packages available and integrated into relevant personnel curriculums
Information		<ul style="list-style-type: none"> Minimum data collection needs and reporting formats required for routine M&E of programs that offer CMAM services identified, and roles and responsibilities identified for CMAM M&E at all levels of the health system 	<ul style="list-style-type: none"> Quarterly analysis of CMAM performance conducted at national and sub-national levels and disseminated at the facility level Coverage of programs that offer CMAM services monitored and disseminated 	<ul style="list-style-type: none"> CMAM performance M&E integrated into HMIS Coverage of programs that offer CMAM services > 50% in targeted areas
Equipment and products	<ul style="list-style-type: none"> Ready-to-use therapeutic food (RUTF) accepted as the required product for treatment of SAM 	<ul style="list-style-type: none"> RUTF available for scale-up areas 	<ul style="list-style-type: none"> RUTF integrated into national essential medicine list and available to targeted areas through the health system national and sub-national supply system 	<ul style="list-style-type: none"> Sustainable access to RUTF ensured through national funding mechanisms
Service delivery		<ul style="list-style-type: none"> > 10% of targeted facilities providing CMAM services and > 10% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral) 	<ul style="list-style-type: none"> > 25% of targeted facilities providing CMAM services and > 25% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral) 	<ul style="list-style-type: none"> > 50% of targeted facilities providing CMAM services and > 50% of targeted communities benefitting from CMAM outreach services (sensitization, detection, and referral)

Annex 2. Tools Completed in Project Year 2

Name of Tool	FANTA Technical Lead	Completion Date
IR 1		
Updated FY 2012 SAPQ database template (with new indicators, applicable data fields, and instructions)	Milanga Abeysuriya	January 2013
Modified SAPQ template for reporting FY 2012 indicator data	Milanga Abeysuriya	October 2012
Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)/Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) Technical Reference	Mark Manary, WUSTL	October 2012
IR 2		
BMI calculator wheel (1,000 mock-ups for testing)	Jennifer Marcy	July 2013
IR 2 Countries		
Bangladesh		
Training curriculum for the media training	FANTA and MRDI	June 2013
CMAM national manual in Bangla	CMAM working group members of National Nutrition Services (FANTA contributed to the writing, translating, and review of some portions)	July 2013
CMAM national training curriculum in Bangla	CMAM working group members of National Nutrition Services (FANTA contributed to the writing, translating, and review of some portions)	July 2013
IFA Training Manual for GOB staff	Ferdousi Begum, Zahidul Manir	June 2013
IFA Bangla Job Aid for GOB staff for IFA pilot project	Ferdousi Begum, Zahidul Manir	June 2013
IYCF supervision and monitoring tools and clinic readiness tool	Ferdousi Begum, Kavita Sethuraman, Bridget Ralph	May 2013
Côte d'Ivoire		
Care decision algorithm for acute malnutrition among PLHIV (children and adolescents 5–18 years, adults, and PLW)	Denise N'Dabian and Phil Moses	July 2013
Care decision algorithm for acute malnutrition among children 6–59 months	Denise N'Dabian and Phil Moses	July 2013
Care decision algorithm for overweight and obesity among PLHIV (children and adolescents 5–18 years, adults, and PLW)	Denise N'Dabian and Phil Moses	July 2013
Care decision algorithm for overweight and obesity among children 6–59 months	Denise N'Dabian and Phil Moses	July 2013
Democratic Republic of Congo		
User guide for the DRC <i>National Protocol for Nutritional Care of People Living with HIV</i>	Marie-Claire Yandju Dembo	June 2013
NACS orientation module for health care providers in DRC NACS sites	Marie-Claire Yandju Dembo	June 2013
Ghana		
Nutrition Technical Update for Pre-service Nursing and Midwifery Tutors in Ghana: Tutors' Teaching Aids	Alice Nkoroi	September 2013

Name of Tool	FANTA Technical Lead	Completion Date
Pre-service assessment checklist of nutrition competencies of tutors	Alice Nkoroi	September 2013
Ghana Coverage Survey SLEAC/SQUEAC training materials	Alice Nkoroi/David Doledec	September 2013
Ghana NACS Training Materials	Alice Nkoroi/Simon Sadler	September 2013
Talking points for CSOs	Alice Nkoroi/Tara Kovach	September 2013
Nutrition Advocacy Materials	Alice Nkoroi/Tara Kovach	April 2013
Mozambique		
Quality performance standards for the national Nutrition Rehabilitation Program	Dulce Nhassico	July 2013
Namibia		
Mentoring and supervision tool for CBHCPs	Fred Alumasa	August 2013
Algorithm for Managing Malnutrition in Children (flipchart)	Fred Alumasa	September 2013
Algorithm for Managing Malnutrition in Adults (flipchart)	Fred Alumasa	September 2013
Algorithm for Managing Malnutrition in Pregnant and Post-Partum Women (flipchart)	Fred Alumasa	September 2013
Namibia NACS Review Data Collection Tools	Katherine Lew, Reena Borwankar, Nilufar Rakhmanova	November 2012
Tanzania		
Tanzania NACS FAQs	Wendy Hammond and Deborah Ash	June 2013
NACS Facilitator's Guide for Training Facility-Based Providers	Wendy Hammond and Deborah Ash	June 2013
NACS PowerPoint Slides for Training Facility-Based Service Providers	Wendy Hammond and Deborah Ash	June 2013
NACS Participant Workbook for Training Facility-Based Providers	Wendy Hammond and Deborah Ash	June 2013
NACS Reference Manual	Wendy Hammond and Deborah Ash	June 2013
NACS Job Aids	Wendy Hammond and Deborah Ash	June 2013
NACS Sensitization Seminar PowerPoint for Local Government Authorities	Wendy Hammond and Deborah Ash	June 2013
NACS Monitoring and reporting forms	Wendy Hammond and Deborah Ash	June 2013
Uganda		
PHFS partners activity implementation progress template	Hanifa Bachou	April 25, 2013
NACS Rapid Assessment Tool	FANTA: Adapted by Uganda team from tool provided by HQ	February 2013
Uganda Nutrition Advocacy Strategy	Tara Kovach	December 2012
NACS Indicators for health management information system-Uganda	Hanifa Bachou	December 2012

Annex 3. Presentations and Posters Delivered in Project Year 2

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Nutrition Partners Meeting	FANTA III	Sandra Remancus, Megan Deitchler, Gilles Bergeron	Washington, DC	April 9, 2013	USAID staff and implementing partners
IR 1					
National Institutes of Health (NIH) Fogarty Global Health Fellows Orientation	Adherence to lipid-based nutrient supplement and iron and folic acid tablet recommendations among pregnant and lactating women in rural Bangladesh (poster)	Kassandra Harding (UC Davis); FANTA's Zeina Maalouf-Manasseh, technical manager	Bethesda, MD	July 8–12, 2013	NIH Fogarty Global Health Fellows and Program staff
Presentation of Preliminary Results on the Efficacy and Effectiveness of Lipid-Based Nutrient Supplements for Improving Birth Outcomes	The Rang-Din Nutrition Study in Bangladesh (presentation)	Kathryn Dewey (UC Davis); FANTA's Megan Deitchler and Zeina Maalouf-Manasseh, reviewer and technical manager	Washington, DC	September 5, 2013	USAID staff
Presentation of Preliminary Results on the Efficacy and Effectiveness of Lipid-Based Nutrient Supplements for Improving Birth Outcomes	iLiNS-DYAD-M, a randomized, single blind, parallel group controlled trial in rural Malawi (presentation)	Per Ashorn (University of Tampere, Finland); FANTA's Megan Deitchler and Zeina Maalouf-Manasseh, technical manager and reviewer	Washington, DC	September 5, 2013	USAID staff
International Congress of Nutrition	Adherence to lipid-based nutrient supplement and iron/folic acid tablet recommendations during pregnancy among rural Bangladeshi women (poster)	Kassandra Harding (UC Davis); FANTA's Zeina Maalouf-Manasseh, reviewer	Granada, Spain	September 15–20, 2013	Researchers and practitioners in international nutrition
International Congress of Nutrition	Maternal education and decision making power modify the association between household dietary diversity and child height in Burundi (poster)	Jef Leroy (IFPRI); FANTA's Zeina Maalouf-Manasseh, technical manager	Granada, Spain	September 15–20, 2013	Researchers and practitioners in international nutrition
International Congress of Nutrition	The evaluation of integrated programs: The example of the evaluation of PM2A programs in Guatemala and Burundi (presentation)	Jef Leroy (IFPRI); FANTA's Zeina Maalouf-Manasseh, technical manager	Granada, Spain	September 19, 2013	Researchers and practitioners in international nutrition

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
International Congress of Nutrition	iLiNS-DYAD-M, a randomized, single blind, parallel group controlled trial in rural Malawi (presentation)	Per Ashorn (University of Tampere); FANTA's Megan Deitchler, technical reviewer	Granada, Spain	September 16, 2013	Researchers and practitioners in nutrition
International Association for Dental Research, East and Southern Africa division	Oral health status of Malawian women of child-bearing age (presentation)	Ulla Harjunmaa (University of Tampere) Mulewa S, Charlie D, Järnstedt J, Ashorn P. FANTA's Megan Deitchler, technical reviewer	Addis Ababa, Ethiopia	September 26, 2013	Researchers and practitioners in dentistry
International Congress of Nutrition	Impact assessments conducted at time of exit inconsistently predict longer term program benefit in Title II food assistance programs (poster)	Rogers, B.L., Coates, J.C.; Houk, K.; Sanchez, L., Kegode, E., Andrews, J., Fierstein, J., Blau, A., Galante, T. (Tufts University). FANTA's Megan Deitchler, technical manager for activity.	Granada, Spain	September 15–20, 2013	Researchers and practitioners in nutrition
Experimental Biology	Sustainability of food security interventions in Honduras, Bolivia, and Kenya	Beatrice Rogers and Jennifer Coates (Tufts University); FANTA's Megan Deitchler, technical manager for activity.	Boston, Massachusetts	April 23, 2013	Researchers and practitioners in nutrition
Title II Exit Strategy Stakeholder Meeting	This was a 1-day meeting, with several presentations made over the course of the day.	Beatrice Rogers, Tufts University Jennifer Coates, Tufts University	FHI 360	February 7, 2013	USAID, Title II Awardees
Stakeholder Meeting on USAID/FFP's FAFSA-2: Performance Management & Multi-Sector Program Integration	FAFSA-2 Performance Management	Mary Ann Anderson, FANTA/FHI 360	FHI 360	October 12, 2012	Title II PVOs
Stakeholder Meeting on USAID/FFP's FAFSA-2: Performance Management & Multi-Sector Program Integration	FAFSA-2 Program Integration	Roberta Van Haeften, FANTA/FHI 360	FHI 360	October 12, 2012	Title II PVOs
Stakeholder Meeting on USAID/FFP's FAFSA-2: Performance Management & Multi-Sector Program Integration	FAFSA-2 Introduction	Roberta Van Haeften, FANTA/FHI 360	FHI 360	October 12, 2012	Title II PVOs

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
IR 2					
NACS partners meeting	<i>Evidences scientifiques et Applications de l'approche NACS</i>	Serigne Diene, FANTA	Port-au-Prince, Haiti	October 9–11, 2012	USAID/OHA, SPRING, UNICEF, MSPP, USAID/Haiti, LIFT, MSPP/Department representatives, CDC, WFP
PHFS Launch Meeting	Overview and the Applications of the NACS Approach	Serigne Diene, FANTA	Pretoria, South Africa	March 11–14, 2013	116 participants: IHI, WHO, JSI, USAID, CDC, Jhpiego, URC/ASSIST, TASO, PATH, MEASURE Evaluation, MSH, PACT, CHASS SMT, ELMA, PATH, EGPAF, UNC, TFNC, FHI 360. MOH delegation from Mozambique, Lesotho, South Africa, Kenya, Uganda, and Tanzania.
Harnessing the Power of Cross-Sectoral Programming to Alleviate HIV/AIDS and Food Security	Closing plenary: FANTA remarks	Gilles Bergeron, FANTA	FHI 360 Academy Hall, Washington, DC	May 30, 2013	Experts and implementing partners active in health, nutrition, food security, economic strengthening, enterprise development, and social protection programs
Agriculture/Nutrition Global Learning Experience Exchange (AG/N-GLEE)	Technical Assistance Options: FANTA	Sandra Remancus	Bangkok, Thailand	March 21, 2013	USAID Bureau for Food Security staff, USAID Mission staff, PVOs
Ethiopia National Nutrition Program Launch and Knowledge Sharing Event	A Tool to Support Nutrition Advocacy in Ethiopia: Ethiopia PROFILES 2012 Estimates	Telahun Teka, FANTA	Addis Ababa, Ethiopia	June 2013	High-level officials and program implementers from various sectors (e.g., health, education and agriculture)
American Public Health Association (APHA) Annual Meeting	Advocacy to Reduce Malnutrition: Lessons from Uganda, Ghana, and Bangladesh	Kavita Sethuraman, FANTA	San Francisco, CA	October 2012	Technical specialists in health
APHA Annual Meeting	"Young and vulnerable: Comparing delivery care, domestic violence, and child undernutrition between adolescent girls and women in Bangladesh"	Kavita Sethuraman, FANTA	San Francisco, CA	October 2012	Technical specialists in health

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
IR 2 Countries					
Bangladesh					
Civil Society Alliance for Scaling Up Nutrition, Bangladesh	First Annual General Meeting 2013 Civil Society Alliance for SUN, Bangladesh Updates	Dr. Ferdousi Begum, FANTA	Dhaka, Bangladesh	September 19, 2013	75 general committee members and 10 EC members
World Breastfeeding Week	Scaling Up Nutrition: How We Can Improve Nutritional Status Using a Multisectoral Approach	Dr. Ferdousi Begum, FANTA	Civil Society Alliance for SUN, Bangladesh Sylhet Divisional Workshop	August 1, 2013	All divisional level GOB, NGOs, community-based organizations, and members of media
IYCF Alliance meeting	Experience of collaborating with the Community Clinic Project on the use of IYCF job aids by community clinic-level service providers	Dr. Ferdousi Begum, FANTA	National Nutrition Services, MOHFW	April 18, 2013	IYCF Alliance members
Symposium on Health Care Financing and other important Health Economics Issues	Benefit and cost analysis of nutrition in Bangladesh	Dr. Ferdousi Begum, FANTA	Senate Bhaban, Dhaka University	April 21, 2013	250-plus symposium participants (university students, alumni, teachers, media, research organizations)
SMC regional meeting for Blue Star providers (Mymensingh Region)	Nutrition situation of Bangladesh and our roles	Zahidul Manir, FANTA, delivered the presentation on behalf of Dr. Ferdousi Begum, FANTA	Mymensingh, Bangladesh	April 30, 2013	300-plus Blue Star providers of Social Marketing Company attended the session
SMC regional meeting for Blue Star providers (Dhaka East Area)	Nutrition situation of Bangladesh and our roles	Zahidul Manir, FANTA, delivered the presentation on behalf of Dr. Ferdousi Begum, FANTA	Dhaka, Bangladesh	May 22, 2013	300-plus Blue Star providers of Social Marketing Company attended the session
SMC regional meeting for Blue Star providers (Rangpur Region)	Nutrition situation of Bangladesh and our roles	Taskeen Chowdhury, FANTA, delivered the presentation on behalf of Dr. Ferdousi Begum, FANTA	Rangpur, Bangladesh	June 13, 2013	450-plus Blue Star providers of Social Marketing Company attended the session
American Public Health Association Annual Conference	Oral presentation – “Advocacy to Reduce Malnutrition: Lessons from Uganda, Ghana, and Bangladesh”	Kavita Sethuraman Tara Kovach, FANTA	San Francisco, CA	October 29, 2012	American Public Health Association Annual Conference participants
American Public Health Association Annual Conference	Poster presentation – “Young and Vulnerable: Comparing Delivery Care, Domestic Violence, and Child Undernutrition Between Adolescent Girls and Women in Bangladesh”	Kavita Sethuraman Elisabeth Sommerfelt, FANTA	San Francisco, CA	October 28, 2012	American Public Health Association Annual Conference participants

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Democratic Republic of Congo					
Workshop for the validation of IYCF and IMAM Modules (PRONANUT/PRSS/UNICEF)	Integrating Nutrition into HIV Programming	Marie Claire Yandju, FANTA	Kinshasa, DRC	June 25–27, 2013	Approximately 25 people, including members of government, community relays, NGOs, and other partners
Integration, prevention, and management of malnutrition into DRC health system	FANTA's Approach to Integrating Nutrition into HIV Programming	Marie Claire Yandju, FANTA	Kinshasa, DRC	May 21, 2013	Approximately 33 people, including members of the government, NGOs, and health care workers
Workshop on PMTCT key messages development (Provic/C-Change)	Integrating Nutrition into HIV Programming	Marie Claire Yandju, FANTA	Kinshasa, DRC	April 15–20, 2013	Approximately 25 people, including members of government, community relays, NGOs, USAID, and PEPFAR
Orientation of National Program of Reproductive Health (PNSR) Staff on NACS	Integration of Nutrition into HIV Programming: The NACS Approach	Marie Claire Yandju, FANTA	Kinshasa, DRC	February 6, 2013	15 PNSR staff
Orientation of Ministry of Agriculture Staff on NACS	Integration of Nutrition into HIV Programming: The NACS Approach	Marie Claire Yandju, FANTA	Kinshasa, DRC	March 15, 2013	5 cabinet members
Ethiopia					
Workshop on Nutrition and HIV in Africa	HIV and Infant Feeding in Ethiopia (verbal presentation)	Telahun Teka, FANTA	Jimma, Ethiopia	April 8, 2013	International (Europe, Africa, and USA) partners, researchers, academia, nutritionists, public health specialists, clinicians, graduate students (104 participants)
NNP Launch Knowledge Sharing Event June 24–26, 2013	A Tool to Support Nutrition Advocacy in Ethiopia: Ethiopia PROFILES 2012 Estimates	Telahun Teka, FANTA	United Nations Conference Center, Addis Ababa, Ethiopia	June 24, 2013	Nutrition stakeholders in Ethiopia (policy, program, donors, partners, academia, NGO, professionals)
Ghana					
Annual Nutrition Officers Conference	Using SLEAC and SQUEAC methods to assess coverage of CMAM services in Ashaiman and Agona West Districts of Ghana	Mr. Micheal Neequaye – GHS/Nutrition Alice Nkoroi – FANTA	Kumasi, Ghana	August 9, 2013	Nutrition officers from national, regional, district levels and Kintampo College of Health Sciences

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Annual Nutrition Officers Conference	Strengthening Nutrition in Pre-Service Education of Nurses and Midwives	Gifty Donko – GHS/Nutrition Alice Nkoroi – FANTA	Kumasi, Ghana	August 9, 2013	Nutrition officers from national, regional, district levels and Kintampo College of Health Sciences
CMAM Costing Workshop	Overview and use of CMAM Costing Tool	Alice Nkoroi, FANTA	Agona Swedru, Ghana	April 2, 2013	MOH, GHS, UNICEF, WHO, WFP, and USAID nutrition and health program managers
Nursing and Midwifery Curriculum Review Workshop	Strengthening Nutrition in Pre-service Education: Recommendation for Update to Curriculum	Kate Quarshie, GHS/Nutrition Gifty Donkor, GHS/Nutrition Alice Nkoroi, FANTA	Accra, Ghana	June 28, 2013	Managers and technical officers from Nursing and Midwifery Council of Ghana, Nursing and Midwifery Colleges, WHO/Ghana, UNFPA, MCHIP/Jhpiego, NACP, GHS, MOH, USAID/DELIVER
Strengthening Nutrition in Pre-service Education of Nurses and Midwives	Nutrition Technical Updates	GHS/Nutrition and FANTA	Kumasi, Ghana	January 29, 2013	Nutritionists, tutors, lecturers, managers, and directors of NMC, MOH/HRHD, and GHS
Strengthening Nutrition in Pre-service Education of Nurses and Midwives	Lessons Learned in Supporting Pre-Service Education	MCHIP/Jhpiego	Kumasi, Ghana	January 29, 2013	Nutritionists, tutors, lecturers, managers, and directors of NMC, MOH/HRHD, and GHS
NACS Technical Working Group Meeting	Integrating Nutrition Indicators into HIV/AIDS Monitoring and Evaluation System	FANTA	Accra, Ghana	February 22, 2013	National program managers and program officers of FANTA, GHS/Nutrition, National AIDS Control Program, National TB Program, Ghana AIDS Commission, USAID/Ghana, WFP, and USAID/DELIVER
Recommendations on Community Outreach and Home-Based Follow-Up of SAM Cases	WHO Regional Workshop on the Management of Acute Malnutrition	Alice Nkoroi, FANTA	Accra, Ghana	March 27–28, 2013	MOH and WHO technical managers from WHO/Geneva, Kenya, Uganda, Ethiopia, Eritrea, Nigeria, Sierra Leone, Liberia, and Ghana; UNICEF/Ghana and WFP/Ghana
Stakeholders' Consultation on Strengthening Nutrition in Pre-service Education of Nurses and Midwives	Nutrition Technical Updates	Mrs. Wilhelmina Okwabi – GHS Alice Nkoroi and Catherine Adu-Asare – FANTA	Kumasi, Ghana	January 29, 2013	Nutritionists, tutors, lecturers, managers, and directors of NMC, MOH/HRHD, and GHS

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
International Malnutrition Task Force Meeting	Management of SAM in the Real World	Dr. Thelma Brown – GHS Mr. Neequaye – GHS Catherine Adu-Asare and Alice Nkoroi – FANTA	Accra, Ghana	December 10, 2012	Clinicians, pediatricians, program managers, technical advisors, academia, and students
Guatemala					
Presentation of Optifood results and considerations for the private sector	Recommendations to improve the diet of children and women from the Western Highlands using food-based recommendations	Maggie Fischer, FANTA	Guatemala City, Guatemala	September 9, 2013	President of FUNDESA, Head of HEO, USAID Health and Nutrition Officers, USAID Nutrition Alliance
Sharing Optifood Results with Pantaleon and Nutrition Alliance	Considerations for the prevention and control of anemia	Maggie Fischer, FANTA	Guatemala City, Guatemala	September 11, 2013	President of Pantaleon Representatives of Nutrition Alliance, INCAP professionals
Meeting with Dr. Ariel Pablo-Méndez/USAID	Recommendations to improve women's and children's diets in rural Guatemala based on Optifood	Maggie Fischer, FANTA	Guatemala City, Guatemala	September 12, 2013	Dr. Ariel Pablo-Méndez, Head of HEO, USAID Health and Nutrition Officers
I Symposium to Combat Malnutrition: IV Ibero-American Nutrition Congress	Agricultural and food production challenges in food and nutrition security	Luisa Samayoa, FANTA	Guatemala City, Guatemala	September 18, 2013	Nutritionists and agronomists
Meeting with PASMO key personnel to share Optifood results and identify areas of collaboration	Food-based recommendations to improve diet of children and PLW from the Western Highlands	Maggie Fischer, FANTA	Guatemala City, Guatemala	September 23, 2013	PASMO CEO and directors of units
Meeting with USAID to share results of Optifood	Development of Evidence-Based Dietary Recommendations for Infants, Young Children, Pregnant Women, and Lactating Women Living in the Western Highlands of Guatemala	Alison Tumilowicz, FANTA Manolo Mazariegos, INCAP Maggie Fischer, FANTA	USAID Mission	April 10, 2013	HEO and EGAT professionals
Meeting with Ministry of Finance and ICEFI	Advances in nutrition costing	Carlos Martinez, ICEFI	FANTA/Guatemala office	April 12, 2013	Director and staff of Dirección Técnica Presupuestaria/MINFIN
USAID FTF Partners' Meeting in Huehuetenango	Overview of FANTA and the use of Optifood to develop food-based recommendations	Alison Tumilowicz, FANTA	Huehuetenango, Guatemala	April 25, 2013	USAID partners

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Development of food-based recommendations for children, pregnant women, and lactating women in the Western Highlands	Development of food-based recommendations for children under 24 months, pregnant women and lactating women in the Western Highlands of Guatemala	Alison Tumilowicz, FANTA Manolo Mazariegos, INCAP	Guatemala City, Guatemala	June 20, 2013	Government officials from the MOH, SESAN; USAID partners' technical staff of nutrition and agriculture projects; INCAP technical staff; local researchers from universities and the Center for Studies of Sensory Impairment, Aging and Metabolism (CESSIAM); USAID/Guatemala staff
Development of food-based recommendations for children, pregnant women, and lactating women in the Western Highlands	Brief history of Optifood: Origin, goals, and results of the work of INCAP and FANTA in Guatemala	Gilles Bergeron, FANTA	Guatemala City, Guatemala	June 20, 2013	Experts, policymakers, agency representatives, and implementing partners involved in nutrition, food security, and agriculture and nutrition linkages
Costing of Nutrition Meeting	Evidence-based interventions in nutrition	Maggie Fischer/FANTA	Guatemala City, Guatemala	December 3, 2012	Experts in nutrition and food security
AG/N-GLEE	Use of Optifood to Develop Food-Based Recommendations for the Western Highlands of Guatemala	Alison Tumilowicz, FANTA Manolo Mazariegos, INCAP	Guatemala City, Guatemala	March 7, 2013	USAID and implementing partners for LAC region
Nutrition Congress	Strategies to reduce malnutrition in Guatemala	Maggie Fischer/FANTA	Quezaltenango, Guatemala	October 10, 2012	Nutrition and food security professionals and students working in the Western Highlands
Haiti					
National stakeholder's meeting on NACS in Haiti	"The Evidence Base Supporting NACS and NACS Program Experience"	Serigne Diene, FANTA	Port-au-Prince, Haiti	October 9–11, 2012	PEPFAR Partners and IPs in Haiti, Haiti's Ministry of Public Health and Population (MSPP), and U.N. agencies including WFP and UNICEF
National stakeholder's meeting on NACS in Haiti	"Capacity Strengthening for NACS" (program experience from other countries and Haiti)	Phil Moses, FANTA	Port-au-Prince, Haiti	October 9–11, 2012	PEPFAR Partners and IPs in Haiti, Haiti's Ministry of Public Health and Population (MSPP), and U.N. agencies including WFP and UNICEF

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Introduction to nutrition in the context of public health (<i>Introduction à la nutrition dans le contexte de la santé publique</i>)	Nutrition and HIV (a series of six sessions facilitated by Roberte Eveillard of FANTA as a guest lecturer)	Roberte Eveillard, FANTA	Quisqueya University School of Medicine. Port-au-Prince, Haiti	Six 2-hour sessions, from mid-October to mid-December 2012	50 students in their 3rd year of medical school
Lesotho					
NACS Materials Development Workshop	NACS Materials Development Workshop	Simon Sadler, FANTA Consultant – Workshop Facilitator	Maseru, Lesotho	September 16–19, 2013	MOH, Ministry of Agriculture, Food and Nutrition Coordinating Office, district health management teams from Butha Buthe and Thaba Tseka, EGPAF, PACT, MSH, WFP, FANTA, World Vision International, and Mothers 2 Mothers
Mozambique					
Meeting to discuss the preliminary results of the survey to prioritize counseling messages for PLHIV and/or TB clients	Presentation of the preliminary results of the survey to prioritize counseling messages for PLHIV and/or TB clients	Melanie Remane, FANTA	Mozambique MOH	January 22, 2013	MOH Nutrition Department and technical staff from partners (UNICEF, Helen Keller International, WFP and FANTA)
Partnership for HIV-Free Survival (PHFS) Community Launch Meeting	Overview of PMTCT and NACS Programming and the PHFS in Mozambique	Nidia Abdula, Mozambique MOH From FANTA, Dulce Nhassico and Tina Lloren helped prepare the presentation slides and notes.	Pretoria, South Africa	March 11, 2013	Participants in the PHFS from the six participant countries and headquarters of leading agencies
Peace Corps pre-service training	“Introduction to Basic Nutrition, Including Needs for PLHIV”	Melanie Remane, FANTA	Peace Corps training center in Namaacha, Mozambique	October 25, 2012	Approximately 70 incoming Peace Corps volunteers

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
National meeting on QI	"Quality Improvement of Nutrition Services in Three Health Facilities in Niassa Province"	Poster authors: FANTA: Georges Maguerez, Arlindo Machava, Dulce Nhassico, Tina Lloren. Niassa Provincial health office: Bruce Jorge, Sónia Maria de Sousa. Lichinga health center: Graça Nzama, Maria Rosa Urede, Albino João José, Castro Sousa. Muembe health center: Márcia Jorge, Cristina Martins, Mussa Ayene. Cuamba rural hospital: Elias Mula, Atanásio Pitau, Agostinho Fiel Correia. CHASS-Niassa: Joaquim Fernando, Gisele Torres, Ligia Joaquina Guiloviça, Paultre Desrosiers.	Maputo, Mozambique	November 15–16, 2012	Health staff from each of the 11 provinces; national MOH staff; NGO partners
National meeting on QI	"Quality Improvement of Nutrition Services in the Context of the Nutrition Rehabilitation Program in Niassa Province"	Dr. Bruce Borges, Provincial Health Office, Niassa Province, Mozambique FANTA staff members Georges Maguerez, Arlindo Machava, and Tina Lloren developed the presentation to be delivered by Dr. Borges.	Maputo, Mozambique	November 16, 2012	Health staff from 11 provinces; national MOH; NGO partners
National technical meeting on the Nutrition Rehabilitation Program	"The State of Implementation of the Nutrition Rehabilitation Program at the Clinical Level"	Dulce Nhassico, FANTA	Maputo, Mozambique	December 17, 2012	Provincial health staff from the 11 provinces, including nutrition and M&E focal points; central MOH staff; NGO partners; USAID; CDC; WFP; UNICEF
National technical meeting on the Nutrition Rehabilitation Program	"Recommendations to Improve Implementation of the Nutrition Rehabilitation Program at the Clinical Level"	Dulce Nhassico, FANTA	Maputo, Mozambique	December 17, 2012	Provincial health staff from the 11 provinces, including nutrition and M&E focal points; central MOH staff; NGO partners; USAID; CDC; WFP; UNICEF

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
National technical meeting on the Nutrition Rehabilitation Program	"The State of Implementation of the Nutrition Rehabilitation Program at the Community Level"	Melanie Remane, FANTA	Maputo, Mozambique	December 17, 2012	Provincial health staff from the 11 provinces, including nutrition and M&E focal points; central MOH staff; NGO partners; USAID; CDC; WFP; UNICEF
National technical meeting on the Nutrition Rehabilitation Program	"Recommendations to Improve Implementation of the Nutrition Rehabilitation Program at the Community Level"	Melanie Remane, FANTA	Maputo, Mozambique	December 18, 2012	Provincial health staff from the 11 provinces, including nutrition and M&E focal points; central MOH staff; NGO partners; USAID; CDC; WFP; UNICEF
National technical meeting on the Nutrition Rehabilitation Program	"An Analysis of the Provincial PRN Monitoring Data from 2012"	Arlindo Machava, FANTA	Maputo, Mozambique	December 19, 2012	Provincial health staff from the 11 provinces, including nutrition and M&E focal points; central MOH staff; NGO partners; USAID; CDC; WFP; UNICEF
Namibia					
NACS Review Report Dissemination	Quality Improvement Process for NACS in Namibia	Fred Alumasa, FANTA	Swakopmund, Namibia	May 20–21, 2013	Ministry of Health and Social Services (MOHSS), Global Fund to Prevent AIDS, Tuberculosis and Malaria (GFATM), USAID/Namibia, FANTA, LIFT, International Training and Education Center for Health (I-TECH), Management Sciences for Health (MSH), World Food Programme (WFP), and National Health Training Centre (NHTC)
Tanzania					
PHFS Secretariat Monthly Meeting	NACS Refresher	Deborah Ash/FHI 360	FHI 360, Dar es Salaam, Tanzania	July 23, 2013	PHFS Secretariat: MOHSW/PMTCT Unit, TFNC, USAID, Baylor, Tunajali (Deloitte), Jhpiego, EGPAF, URC, FHI 360 staff, FANTA staff
Closing ceremony of World Breastfeeding Week	Invited remarks from FHI 360/FANTA	Rick Embry Country Director Deborah Ash/FHI 360	Dar es Salaam, Tanzania, Mnazi Mmoja Grounds	August 7, 2013	First Lady, Minister of Health, Acting Chief Medical Officer, Heads of U.N. and NGOs, TFNC, women's groups, students, and general public (est. 2,000 people)

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Nutrition and HIV meeting	The Role of Nutrition in HIV Prevention, Care, and Treatment	Stella Nyamsangia/FHI 360	MDH-Centre of Excellence, Dar es Salaam, Tanzania	September 26, 2013	Researchers, academics, program managers, health care providers, and representatives from the private sector
Stakeholder meeting on the revision of the national food and nutrition policy	Tanzania Food and Nutrition: 2013 Update	Deborah Ash/FHI 360 Heather Danton/FHI 360 consultant	TFNC, Dar es Salaam, Tanzania	May 24, 2013	Prime Minister's Office, TFNC, Ministry of Agriculture and Cooperatives, USAID, World Bank, U.N. REACH, FHI 360
Presidential launch of SUN and national food fortification	Booth exhibition of NACS national training and counseling materials	Stella Nyamsangia/FHI 360 Deborah Ash/FHI 360 Heather Danton/FHI 360 consultant	Dar es Salaam, Mnazi Mmoja Grounds, Tanzania	May 15–16, 2013	Government officials, U.N. representatives, stakeholders, private sector, NGOs, and the general public
Uganda					
PHFS Learning Session	PHFS Learning Session	ASSIST/FANTA/TASO/SPRING/MOH	Silver Springs hotel, Kampala Uganda	June 24–26, 2013	Representatives from 6 PHFS Districts, 22 health facilities, 9 regional coaches; representatives of PHFS IPs, MOH
Orientation of Sector Nutrition Coordination Committee at the MGSLD	Nutrition and social development	Francis Muhanguzi, FANTA	Essella hotel, Kampala, Uganda	April 12, 2013	Government officials from the Ministry of Gender, Labor and Social development (MGLSD): 13 (4 females and 9 males)
USAID NACS implementing partners meeting	NACS Rapid Assessment report	Karen Apophia Tumwine, FANTA	The USAID Mission Boardroom, Kampala, Uganda	May 29, 2013	USAID COPs and nutrition focal persons from projects providing NACS services
UNAP District Orientation Workshop	Orientation of the Multi-Sectoral District Nutrition Coordination Committee	Brenda Shenute Namugumya	Namutumba District Hall, Namutumba district, Uganda	May 29, 2013	District Nutrition Coordination committee members and district leaders and USAID/SPRING staff
Orientation of Fellows	The Nutrition Fellows Program: Creating Leaders for Tomorrow	Brenda Shenute Namugumya, FANTA	Humura, Uganda	June 7, 2013	Fellows and host organization representatives
SDS SURGE 3: Training of Trainers	Role of Local Governments in Implementation of the Uganda Nutrition Action Plan	Brenda Shenute Namugumya, FANTA	Kampala, Uganda	February 20, 2013	SDS trainers from 35 districts in East, Southwest, Central, and Western Uganda

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Partnership for HIV-Free Survival (PHFS)	Uganda country presentation	MOH, TASO, SPRING, ASSIST, and FANTA. (FANTA developed the presentation slides. TASO, SPRING, and ASSIST reviewed. MOH presented.)	Pretoria, South Africa	March 10–15, 2013	Participants from governments, NGOs, and USAID partners from six PHFS countries (Uganda, Kenya, Tanzania, Mozambique, Lesotho, South Africa), USAID, WHO, and Institute for Healthcare Improvement
Uganda Nutrition Fellowship (UNF) Stakeholders meeting	Overview of UNF	Hanifa Bachou, FANTA	Hotel, Royale, Kampala, Uganda	February 26, 2013	Nutrition stakeholders from academic institutions, partner organizations, associations, Government Ministries
UNF Advisory Board meeting	Overview of UNF	Hanifa Bachou, FANTA	Hotel, Royale, Kampala, Uganda	February 27, 2013	UNF Advisory Committee
UNF Stakeholders meeting	UNF program details	Brenda Shenute Namugumya, FANTA	Hotel, Royale, Kampala, Uganda	February 26, 2013	Nutrition stakeholders from academic institutions, partner organizations, associations, Government Ministries
UNF Advisory Board meeting	Current terms of reference (TOR) for the Advisory Board	Brenda Shenute Namugumya, FANTA	Hotel, Royale, Kampala, Uganda	February 27, 2013	UNF Advisory Committee
Partners meeting with the Mission to introduce a new Mission staff member (Opell Oceng)	Presentation on the project objectives, activities, progress and policy challenges and enabling environment	Hanifa Bachou, Brenda Shenute Namugumya, FANTA	Kampala, Uganda	January 23, 2013	USAID Mission: Dr. Alfred Boyo, Sheila Nyakwezi, Opell Oceng SPRING: Margaret Kyenkya, Dr. Elizabeth Madraa FANTA: Brenda Shenute Namugumya, Hanifa Bachou, Francis Muhanguzi
N-GLEE Workshop	Integrating Agriculture and Nutrition: What, Why, How?	Gilles Bergeron, FANTA	Kampala, Uganda	December 11, 2012	USAID staff and IPs for Sub-Saharan Africa (SSA) region
2012 Africa Nutrition Congress	Capacity of Nutrition Workers to Operationalize the Uganda Nutrition Action Plan	Brenda Shenute Namugumya, FHI 360	Bloemfontein, South Africa	October 1–5, 2012	International and local organizations, academicians, researchers, and implementers in the field of nutrition, health, and food security

Title of Event	Title of Presentation/Poster	Name(s) and Organization(s) of Presenter(s)*	Location	Date	Audience Description
Vietnam					
Dissemination of the <i>National Guidelines on Nutrition Care and Support of People Living with HIV and AIDS</i>	Integration of Nutrition into Health Services	Nguyen Thi Hue, FANTA	Ha Noi, Vietnam	September 23, 2013	Representatives of 12 provincial departments of health and provincial AIDS committees, Ministry of Health, VAAC, NIN, Clinton Health Access Initiative, and other PVOs

Annex 4. Trainings Delivered in Project Year 2

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
IR 1							
FFP Annual Monitoring Workshop	FANTA/Pamela Velez-Vega/Sujata Bose	Washington, DC	July 8–11, 2013	4 days	Field-based and global M&E staff of FY12 TII awardees	15	17
Data Collectors Training for NACS Review in Namibia	FANTA, MOHSS Namibia	Windhoek, Namibia	November 15–16, 2012	2 days	NACS Review Team (MOHSS, I-TECH, Global Fund, and CDC in Namibia)	10	6
EpiData Entry Training for NACS Review in Namibia	FANTA	Windhoek, Namibia	November 14, 2012	Half day	Data entry consultants	0	2
Niger M&E workshop for FY12 Title II programs	FANTA	Niamey, Niger	October 1–5, 2012	5 days	FY12 awarded Title II programs in Niger	13	23
Guatemala Title II Baseline Planning workshop	FANTA	Guatemala City, Guatemala	November 12–14, 2012	3 days	Baseline survey external contractor ICF International and FY12 Guatemala awardees (Save the Children and Catholic Relief Services)	10	8
Uganda Title II Baseline Planning workshop	FANTA	Kampala, Uganda	December 5–7, 2012	3 days	Baseline survey external contractor ICF International and FY12 Uganda awardees (ACDI/VOCA and Mercy Corps)	7	18
Niger Title II Baseline Planning workshop	FANTA	Niamey, Niger	December 11–14, 2012	4 days	Baseline survey external contractor ICF International and FY12 Niger awardees (Catholic Relief Services, Mercy Corps, and Save the Children)	9	19
Overview of USAID/FFP Indicators for Baseline and Final Evaluation Surveys	FANTA	USAID/FFP	October 16, 2012	1.5 hours	Food for Peace Officers	21 total (both male and female)	
USAID/FFP annual monitoring indicators	FANTA/Sujata Bose	USAID/FFP	August 16, 2013	1 hour	Food for Peace Officers	19	14
FAFSA-2 key results and recommendations	FANTA/Roberta Van Haeften and Mary Ann Anderson	USAID/FFP	August 15, 2013	3 hours	Food for Peace Officers	19	14
Effective baseline studies and final evaluations	FANTA/Diana Stukel	USAID/FFP	August 16, 2013	1 hour	Food for Peace Officers	19	14

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
IR 2							
Bangladesh							
IYCF and hygiene cascade basic training for NGO HQ staff of Smiling Sun Network/ NGO Health Service Delivery Project	Bangladesh Breastfeeding Foundation, NGO Health Service Delivery Project staff	50 Smiling Sun Network clinics in 4 districts	September–November 2013	3 days	Health providers in Smiling Sun clinics	1,562	80
IYCF and hygiene TOT for BBF	Bangladesh Breastfeeding Foundation, FANTA, NGO Health Service Delivery Project	Bangladesh Breastfeeding Foundation, Institute of Public Health, Mohakhali Dhaka-1212, Bangladesh	August 2013	5 days	Health trainers	15	5
Four media trainings on ‘Reporting effectively on nutrition’ for: <ul style="list-style-type: none">• Daily Star Jogantor• Kalarkantha• Prothom Alo• Community radios	MRDI, FANTA	Young Women's Christian Association (YWCA), Mohammadpur, Dhaka-1207, Bangladesh	July 2013	3 days each	Media reporters, editors, chief editors, and newsroom leaders	3	97
IYCF TOT for the HQ staffs of Smiling Sun	Mohammadpur Fertility Services and Training Centre	Institute of Public Health Nutrition, Mohakhali, Dhaka-1212, Bangladesh	January 6–10, 2013	5 days	NGO monitoring officers, medical and non-medical	0	2
IYCF TOT for the NGO HQ staffs of Smiling Sun	Mohammadpur Fertility Services and Training Centre	Mohammadpur Fertility Services and Training Centre	June 5–9, 2013	5 days	NGO monitoring officers, medical and non-medical	2	12

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
IYCF training	Swanirvar Bangladesh, Poribar Kallyan Samity (PKS), Community Reconstruction Center (CRC), Shamaj Gathon Shangtha (SGS), Kajus, Concerned Women for Family Development (CWFD), Unnatta Paribar Gathon Mohilla Shangtha (UPGMSR), Kanchan Somity, and Polli Shishoo Foundation (PSF)	Bhola, Barisal Khulna, Jessor, Dinajpur, and Rangpur	October 2012	3 days	NGOs, clinic managers, paramedics, counselors, and community service providers	920	120
Cote d'Ivoire							
Nutrition and HIV regional trainers	DC PNN and FANTA	Agboville and Bouaké, Côte d'Ivoire	May 13–17, 2013	5 days	MOH at the regional and district level: Doctors, nurses, and mid-wives	10	28
Ethiopia							
Clinical nutrition care for children and adults with HIV (NACS)	FANTA	Bahardar, Ethiopia	August 12–17, 2013	6 days	Participants from government health bureaus and health facilities, health workers working on HIV and nutrition, and implementing partner	12	19
Clinical nutrition care for children and adults with HIV (NACS)	FANTA	Adama, Ethiopia	September 2–7, 2013	6 days	Participants from government health bureaus and health facilities, health workers working on HIV and nutrition, and implementing partner	10	21
Clinical nutrition care for children and adults with HIV (NACS)	FANTA	Addis Ababa, Ethiopia	September 23–25, 2013	3 days	Participants from private health facilities that provide services in HIV and nutrition	9	7
TOT on Clinical Nutrition Care for PLHIV	FANTA	Debrezeit, Ethiopia	June 17–22, 2013	6 days	USG, international partners	7	8

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Clinical Nutrition Care for Children and Adults with HIV	FANTA	Debre Ziet, Ethiopia	October 22, 2012	5 days	Participants included partners actively working in nutrition and HIV in different regions of Ethiopia, including WFP, Save the Children/Food by Prescription (FBP), Management Sciences for Health (MSH) University of California San Diego – Ethiopia (UCSD-E), Johns Hopkins University (JHU), Intrahealth, International Training and Education Center on HIV/AIDS (I-TECH), Clinton Foundation HIV/AIDS Initiative (CHAI), and University of Connecticut – Ethiopia (UCONN-E)	3	25
Ethiopian Nutrition PROFILES spreadsheet - CORE Group meeting	FANTA	Addis Ababa, Ethiopia	November 26, 2012	1 day	Staff from government and NGOs leading the nutrition program in the country	7	5
Ethiopian Nutrition PROFILES spreadsheet - stakeholder meeting	FANTA	Addis Ababa, Ethiopia	November 30, 2012	1 day	Staff from government, NGOs, and U.N. agencies involved in the coordination of the PROFILES activity in Ethiopia	25	27
Ghana							
CMAM Inpatient Care Management of SAM, Case Management Training of Tutors- Pre-service (Group 2)	FANTA, MCHIP, GHS, and MOH	Accra, Ghana	September 2–7, 2013	6 days	Registered General Nursing, Midwifery and College of Health Science Tutors	12	11
Pre-service : Integrated IYCF training of tutors – Group 1	FANTA, MCHIP, GHS, and MOH	Swedru, Ghana	September 2–7, 2013	6 days	Community Health Nursing, Public Health Nursing, Registered General Nursing, Midwifery and College of Health Science Tutors	18	2
Pre-service : Integrated IYCF training of tutors – Group 2	FANTA, MCHIP, GHS, and MOH	Kumasi, Ghana	September 23–27, 2013	6 days	Community Health Nursing, Public Health Nursing, Registered General Nursing, Midwifery and College of Health Science Tutors	26	2
Pre-service : Integrated IYCF training of tutors – Group 3	FANTA, MCHIP, GHS, and MOH	Kumasi, Ghana	September 23–27, 2013	6 days	Community Health Nursing, Public Health Nursing, Registered General Nursing, Midwifery and College of Health Science Tutors	22	6

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Pre-service: Integrated IYCF training of tutors – Group 4	FANTA, MCHIP, GHS, and MOH	Tamale, Ghana	September 23–27, 2013	6 days	Community Health Nursing, Public Health Nursing, Registered General Nursing, Midwifery and College of Health Science Tutors	15	13
NACS Training of facility-based service providers, Eastern Region	FANTA and GHS	Kuforudia, Ghana	September 23–27, 2013	5 days	Medical assistants/officer, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	25	14
NACS Training of facility-based service providers, Brong Ahafo Region	FANTA and GHS	Sunyani, Ghana	July 1–5, 2013	5 days	Medical assistants/officer, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	12	23
CMAM Outpatient Care Training, Kwachie West District and HO municipal, Volta Region (Group 3)	FANTA and GHS	HO, Ghana	July 2–5, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	35	14
CMAM Outpatient Care Training, Kwachie Nchumuru & Nkwanta District, Volta Region (Group 4)	FANTA and GHS	Nkwanta, Ghana	July 2–5, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	15	32
CMAM SLEAC Survey Training of supervisors	FANTA, GHS & UNICEF	Swedru, Ghana	July 2–6, 2013	5 days	Regional and district nutrition officers, health research officers, University of Development Studies	13	15
CMAM SLEAC Survey Training of data collectors	FANTA, GHS & UNICEF	Swedru, Ghana	July 5–6, 2013	2 days	Community health nurses, health promotion assistants, and nutritionists	5	6
CMAM Community Outreach Training, Krachi West, Volta Region	FANTA and GHS	Krachi West, Ghana	July 8–12, 2013	1 day	Community health volunteers, community health nurses, and health promotion volunteers	15	105
CMAM Community Outreach Training, Krachi Nchumuru, Volta Region	FANTA and GHS	Krachi Nchumuru, Ghana	July 8–12, 2013	1 day	Community health volunteers, community health nurses, and health promotion volunteers	109	11
CMAM Community Outreach Training, Ho Municipal, Volta Region	FANTA and GHS	Ho, Ghana	July 8–12, 2013	1 day	Community health volunteers, community health nurses, and health promotion volunteers	77	45
CMAM Community Outreach Training, Nkwanta, Volta Region	FANTA and GHS	Nkwanta, Ghana	July 8–12, 2013	1 day	Community health volunteers, community health nurses, and health promotion volunteers	26	97
NACS Training of facility-based service providers, Brong Ahafo Region (Group 2)	FANTA and GHS	Sunyani, Ghana	July 8–12, 2013	5 days	Medical assistants/officers, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	13	15

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS Training of facility-based service providers, Volta Region Group 1)	FANTA and GHS	Ho, Ghana	July 8–12, 2013	5 days	Medical assistants/officers, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	17	17
NACS Training of facility-based service providers Western Region (Group 1)	FANTA and GHS	Takoradi, Ghana	July 29 – August 2, 2013	5 days	Medical assistants/officers, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	11	10
NACS Training of facility-based service providers Western Region (Group 2)	FANTA and GHS	Takoradi, Ghana	August 4–8, 2013	5 days	Medical assistants/officers, nurses, data managers, pharmacists, nutrition officers, and Models of Hope	8	15
CMAM Inpatient Care Management of SAM, Case Management Training	UNICEF, FANTA, and GHS	Kofurudia, Ghana	August 4–10, 2013	6 days	Pediatricians, medical officers, medical assistants, clinical nurses, nutritionists, and dieticians	19	7
CMAM/NACS Inpatient Care Management of SAM, Facilitator's Training	FANTA and GHS	Kumasi, Ghana	August 14–17, 2013	3½ days	Pediatricians, senior medical officers, nutritionists, and dieticians	10	10
CMAM Community Outreach Training	FANTA and GHS	Sefwi Wiaswo, Ghana	August 15–16, 2013	2 days	Community health volunteers and community health nurses	16	86
CMAM Outpatient Care Training	FANTA and GHS	Techiman, Ghana	August 19–22, 2013	4 days	Community health nurses, public health nurses, health assistants, nutrition and disease control officers	30	12
CMAM/NACS Inpatient Care Management of SAM, Case Management Training	FANTA and GHS	Kumasi, Ghana	August 19–24, 2013	6 days	Pediatricians, senior medical officers/assistants, clinical nurses, nutritionists, and dieticians	28	15
CMAM Community Outreach Training	FANTA and GHS	Sefwi Wiaswo, Ghana	August 23, 2013	1 day	Community health volunteers and community health nurses	16	86
Strengthening Competencies of Nursing and College of Health Science Tutors on CMAM (Pre-service)	FANTA, MCHIP, GHS, and MOH	Agona, Swedru	August 26–30, 2013	5 days	Community Health and Public Health nursing tutors and Kintampo College of Health Sciences tutors	18	10
CMAM Inpatient Care Management of SAM, Case Management Training for tutors (Pre-service)	FANTA, MCHIP, GHS, and MOH	Accra, Ghana	August 26–31, 2013	6 days	Registered Nursing and Midwifery Tutors	23	9
NACS Training of Facility-Based Service Providers, Upper West Region	FANTA and GHS	Wa, Ghana	August 19–23, 2013	5 days	Medical officers/assistants, pharmacists, clinical nurses, community health nurses, social workers, and Models of Hope	14	16

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS Training of Facility-Based Service Providers, Eastern Region	FANTA and GHS	Kofurudia, Ghana	August 26–30, 2013	5 days	Medical officers/assistants, pharmacists, clinical nurses, community health nurses, social workers, and Models of Hope	8	20
CMAM Costing Workshop	FANTA and GHS	Agona Swedru, Ghana	April 2–4, 2013	3 days	MOH, GHS, UNICEF, WHO, WFP, and USAID Nutrition and Health Program Managers	11	10
CMAM Community Outreach Training	FANTA and GHS	Asante Akim and Kumasi, Ghana	April 17–18, 2013	2 days	Community volunteers, community health nurses, and health promotion assistants	34	66
CMAM data review workshop	FANTA and GHS	Accra, Ghana	May 2–3, 2013	2 days	District nutrition officers and health information officers	32	21
CMAM orientation workshop for traditional medical practitioners (healers and spiritualists)	FANTA and GHS	Agogo and Konongo, Ghana	May 3, 2013	1 day	Herbalists, spiritualists, priests, and priestesses	25	56
CMAM orientation workshop of district stakeholders, Ayawasu Sub-Metropolitan Area, Greater Accra Region	FANTA and GHS	Accra, Ghana	May 7, 2013	1 day	Opinion leaders, heads of Community Health Committees, heads of religious groups, assembly men, representatives of local NGOs at the community level, Chiefs, community health nurses, and nutrition officers	36	15
CMAM Community Outreach Training, Ayawasu Sub-Metropolitan Area, Greater Accra Region	FANTA and GHS	Accra, Ghana	May 8, 2013	1 day	Community health nurses, Community Health Committee members, community health volunteers, and health assistants	71	17
CMAM orientation workshop of district stakeholders, Ablekuma Sub-Metropolitan area, Greater Accra Region	FANTA and GHS	Accra, Ghana	May 16, 2013	1 day	Opinion leaders, heads of Community Health Committees, heads of religious groups, assembly men, representatives of local NGOs at the community level, Chiefs, community health nurses, and nutrition officers	52	8
CMAM Community Outreach Training, Ablekuma Sub-Metropolitan Area, Greater Accra Region	FANTA and GHS	Accra, Ghana	May 17, 2013	1 day	Community health nurses, Community Health Committee members, community health volunteers, and health assistants	64	12
Strengthening Competencies of Regional SAM Support Teams on CMAM (Volta and Brong Ahafo regions)	FANTA and GHS	Swedru, Ghana	May 27–31, 2013	5 days	Region nutritionists, public health nurses, health promotion assistants, and disease control officers	16	14

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
CMAM Outpatient Care Training , Kumasi South District, Ashanti Region	FANTA and GHS	Kumasi, Ghana	May 27– June 1, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	38	2
CMAM Community Outreach Training, Kumasi South District, Ashanti Region	FANTA and GHS	Kumasi, Ghana	June 4, 2013	1 day	Community-based surveillance volunteers, health promotion assistants	39	21
CMAM Outpatient Care Training, Offinso District, Ashanti Region	FANTA and GHS	Offinso, Ghana	June 17–21, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	30	8
CMAM Community Outreach Training, Subin Sub-Metropolitan Area, Ashanti Region	FANTA and GHS	Kumasi, Ghana	June 24, 2013	1 day	Community-based surveillance volunteers, health promotion assistants	31	9
CMAM Community Outreach Training, Offinso District, Ashanti Region	FANTA and GHS	Offinso, Ghana	June 25, 2013	1 day	Community-based surveillance volunteers, health promotion assistants	27	69
CMAM Outpatient Care Training, Kwachie West District and Ho municipal , Volta Region (PART 1)	FANTA and GHS	Ho, Ghana	June 28 – July 1, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	28	11
CMAM Outpatient Care Training, Kwachie Nchumuru & Nkwanta District, Volta Region (PART 1)	FANTA and GHS	Nkwanta, Ghana	June 28 – July 1, 2013	4 days	Community health nurses, nutrition officers, public health nurses, technical officers	25	14
CMAM - Community Outreach Training	GHS and FANTA	Tarkwa, Western Region	January 16– 17, 2013	2 days	Community health workers and volunteers	31	41
CMAM - Community Outreach Training	GHS and FANTA	Jomoro, Western Region	January 18– 19, 2013	2 days	Community health workers and volunteers	12	74
Stakeholders consultation workshop on strengthening nutrition in pre-service education	MOH/Human Resource for Health Development (HRHD), GHS, MCHIP/Jhpiego and FANTA	Kumasi, Ghana	January 29– 30, 2013	2 days	Nutritionists, tutors, lecturers, managers, and directors of Nursing and Midwifery Council (NMC), MOH/HRHD, and GHS	26	5
CMAM : Greater Accra Regional and District Health Managers planning and review workshop	FANTA and GHS	Accra, Ghana	February 20– 21, 2013	2 days	Regional and district nutrition/dietitians and health promotion officers and public health nurses	42	8

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
CMAM Inpatient Care Training for Greater Accra Region	GHS and FANTA (funded by USAID/Ghana FRHP/John Snow, Inc. (JSI))	Princess Marie Louise Hospital, Accra, Ghana	February 25 – March 2, 2013	6 days	Pediatricians, medical assistants, clinical nurses, and nutritionists	23	3
CMAM Outpatient Care Training (Asante Akim District in Ashanti Region)	GHS and FANTA	Kumasi, Ashanti Region, Ghana	March 12–15, 2013	4 days	Community and public health nurses; Nutrition, Disease Control, and Health Promotion Officers	30	4
MCHN: Nutrition Advocacy Workshop for Media Practitioners in North, Upper East and Upper West Regions	FANTA and GHS	Tamale, Ghana	October 11, 2012	1 day	Directors, editors, and producers of print, radio, and TV media houses	6	45
CMAM: Strengthening Competencies of Regional and District Health Managers	FANTA and GHS	Agona Swedru, Ghana	October 22–26, 2012	5 days	Region nutritionist, public health nurses, health promotion assistants, and disease control officers	13	17
CMAM: Outpatient Care Training	FANTA and GHS	Agona Swedru, Ghana	November 27–30, 2012	4 days	Community health nurses, public health nurses, health promotion officers, and health promotion assistants	38	4
CMAM: Community Outreach Training	FANTA and GHS	Ledzekuku Krowor (Teshie Nungua), Ghana	November 14–15, 2012	2 days	District nutritionists, public health nurses, disease control officers, and community volunteers	57	45
CMAM: Community Outreach Training	FANTA and GHS	Dangbe West (Dodowa), Ghana	November 14–15, 2012	2 days	Health promotion assistants, community health workers, students, traders, and community volunteers	53	46
CMAM: Community Outreach Training	FANTA and GHS	Ga West (Pokuase), Ghana	November 14–15, 2012	2 days	Community volunteers	40	57
CMAM: Outpatient Care Training	FANTA and GHS	Agona Swedru, Ghana	November 27–30, 2012	4 days	Community health nurses, public health nurses, health promotion officers, and health promotion assistants	38	4
NACS: Training of Facility-Based Service Providers (Brong Ahofo region)	FANTA and GHS	Sunyani, Ghana	October 8–12, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, Models of Hope, and store managers	7	20
NACS: Training of Facility -Based Service Providers (Volta region)	FANTA and GHS	Ho, Ghana	October 8–12, 2012	5 days	Clinicians, nurses, nutritionists, pharmacists, data managers, social workers, Models of Hope, and store managers	14	12

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Guatemala							
Training of SESAN tutors in the use of INCAP’s Virtual E-Learning Platform	INCAP	Guatemala City, Guatemala	June 14, 2013	8 hours	Training of trainers of SESAN	3	9
ABC Methodology and instruments to be used for costing of nutrition services	Central American Institute for Fiscal Studies (Instituto Centroamericano de Estudios Fiscales [ICEFI])	Guatemala City, Guatemala	February 7, 2013	8 hours	Central level personnel from Ministry of Public Finance (Ministerio de Finanzas Públicas([MINFIN]) and MOH	10	19
Training in ABC Costing Methodology	ICEFI	Guatemala City, Guatemala	December 2012	6 hours	Key personnel from MOH and Ministry of Public Finance (Ministerio de Finanzas Públicas) MINFIN	4	6
Use of Optifood to develop evidence-based dietary recommendations for infants and young children and pregnant and lactating women in the Western Highlands of Guatemala	FANTA Guatemala	Guatemala City, Guatemala	November 12–22, 2012	72 hours	Key personnel from INCAP participating in Optifood project	1	3
Haiti							
Nutrition counseling for PLHIV	FANTA and MOH	Fort-Liberté, Haïti	April 18–19, 2013	2 days	Nurses, auxiliaries, health agents	24	14
NACS Orientation Workshop	MOH and FANTA	Port-au-Prince	February 28–March 1, 2013	2 days	Departmental MOH Nutrition focal points and communication heads, National Nutrition Unit personnel	30	4
Mozambique							
M&E for the Nutrition Rehabilitation Program	FANTA	Chimoio City, Manica Province, Mozambique	February 6–8, 2013	3 days	Nutrition focal points and M&E focal points from each district in Manica Province; M&E officials and nutrition focal points from the CHASS-SMT project	12	19
Nutrition Care for People Living with HIV	FANTA	Xai-Xai city, Gaza Province, Mozambique	March 4–7, 2013	4 days	Community-based health workers, field officers, program coordinators, and supervisors working on the USAID-funded IOM/TEBA-implemented Program of Home-Based Care, HIV Prevention, and OVC Support	26	4

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
QI Methods in the Context of the Nutrition Rehabilitation Program – Phase 2	FANTA	Lichinga, Mozambique	October 10–11, 2012	2 days	Health staff from the three health facilities and the provincial health office	5	5
M&E for the Nutrition Rehabilitation Program	FANTA and the Mozambique MOH	Inhambane, Mozambique	October 22–26, 2012	5 days	Health staff from each district in Inhambane Province and the provincial health office, and NGO partners	12	18
Namibia							
Inpatient management of severe malnutrition	MOHSS, FANTA, I-TECH	Rundu, Namibia	July 1–2, 2013	2 days	Nurse and doctors	11	5
NACS training	MOHSS, FANTA, I-TECH	Rundu, Namibia	July 3–5, 2013	3 days	Nurses and social workers	15	9
CBHCP NACS and IYCF TOT	MOHSS, FANTA, I-TECH, UNICEF	Grootfontein, Namibia	July 22–26, 2013	5 days	Namibia Red Cross coordinators and volunteers	20	9
CBHCP NACS TOT	MOHSS, FANTA, I-TECH	Windhoek, Namibia	August 5–8, 2013	4 days	Church Alliance for Orphans supervisors and volunteers	24	3
CBHCP NACS TOT	MOHSS, GFATM, FANTA, I-TECH	Windhoek, Namibia	August 12–15, 2013	4 days	Staff and volunteers from Catholic AIDS Action, Alcoholics Anonymous, Evangelical Lutheran Church AIDS Program, and Advanced Community Health Care Services Namibia	16	11
NACS training	MOHSS, GFATM, FANTA, I-TECH	Windhoek, Namibia	August 19–22, 2013	4 days	Nurses from Health facilities in Outjo, Outapi, Okahao, Tsandi, Oshikuku, and Khorixas districts	27	4
IYCF training	MOHSS, FANTA	Ondangwa, Namibia	September 23–27, 2013	5 days	Nurses and community counselors from health facilities in Ohangwena Region	17	9
NACS training	FANTA, GFATM	Keetmanshoop, Namibia	April 8–12, 2013	4 days	Facility-based nurses, community counselors, social workers	17	8
Refresher NACS Training of Facility-Based Health Care Providers	MOHSS, FANTA, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	Ondangwa, Oshana Region, Namibia	January 28–31, 2013	4 days	Nurses from NACS implementing sites	21	1
NACS Training of Facility-Based Health Care Providers	FANTA, ITECH, GFATM	Rundu, Kavango Region, Namibia	February 25–March 1, 2013	4 days	Nurses from health facilities in Kavango region	9	16
Community IYCF training	MOHSS, FANTA	Otjiwarongo, Namibia	March 11–16, 2013	6 days	Facility-based health care providers	25	4

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
Community IYCF training	MOHSS, FANTA	Otjiwarongo, Namibia	March 11–16, 2013	6 days	Community-based health care providers	20	5
Community IYCF TOT	MOHSS, FANTA, UNICEF	Swakopmund, Namibia	October 15–20, 2012	6 days	MOHSS Chief Health Programme Administrator, Senior Health Programme Administrator, community-based health care provider (CBHCP) coordinators	12	6
NACS training of CBHCPs	FANTA, MOHSS	Windhoek, Namibia	November 6–8, 2012	3 days	CBHCP coordinators from Catholic Aids Action	15	5
On-site NACS training during support and mentoring visit	FANTA, GFATM	Okarundu Clinic, Okakarara District, Namibia	October 1, 2012	3 hours	Nurse	1	0
On-site NACS training during support and mentoring visit	FANTA, GFATM	Coblentz Clinic, Okakarara District, Namibia	October 1, 2012	3 hours	Nurse and community counselor	1	1
On-site NACS training during support and mentoring visit	FANTA, GFATM	Okamatapati Health Centre, Okakarara District, Namibia	October 2, 2012	3 hours	Nurse	1	0
On-site NACS training during support and mentoring visit	FANTA, GFATM	Okahao District Hospital, Okahao District	October 12, 2012	3 hours	Nurses	2	1
On-site NACS training during support and mentoring visit	FANTA, GFATM	Okahao Health Centre, Okahao District	October 12, 2012	3 hours	Nurses	3	1
On-site NACS training during support and mentoring visit	FANTA, GFATM	Indira Gandhi Health Centre, Okahao District	October 12, 2012	3 hours	Nurse	1	0
Namibia NACS Review Data Collectors Training	FANTA	Windhoek, Namibia	November 14–15, 2012	2 days	Ministry of Health and Social Services CDC, Global Fund	13	11
Tanzania							
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, and Walter Reed	Mbeya Region, Tanzania	August 12, 2013	1 day	Representatives of Council Health Management Teams and Regional Health Management Teams and health facility managers from Mbeya City Council and Mbeya District Council	22	24

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, and Walter Reed	Mbeya Region, Tanzania	August 13, 2013	1 day	Representatives of Council Health Management Teams and health facility managers from Kyela and Rungwe District Councils	9	22
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, and Walter Reed	Mbeya Region, Tanzania	August 14, 2013	1 day	Representatives of Council Health Management Teams and health facility managers from Mbarali	7	10
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, and Walter Reed	Mbeya Region, Tanzania	August 15, 2013	1 day	Representatives of Council Health Management Teams and health facility managers from Mboji, Ilege and Chunya District Councils	19	23
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, Baylor, Walter Reed, and PharmAccess	Mbeya Region, Tanzania	August 16, 2013	1 day	Representatives of Council Health Management Teams and Regional Health Management Teams from all districts in the region	23	22
NACS training of regional trainers (TOT)	FANTA, TFNC, Baylor, Walter Reed, and PharmAccess	Mbeya Region, Tanzania	August 19–24, 2013	6 days	Doctors, nurses, nutritionists, and HBC providers from all the districts in the region	8	16
NACS training of health care providers	FANTA, TFNC, Baylor, Walter Reed, and PharmAccess	Mbeya Region, Tanzania	August 26–30, 2013	5 days	Doctors, nurses, nutritionists, and HBC providers from all the districts in the region	34	7
NACS sensitization meeting for local government authorities and health facility managers	FANTA, TFNC, and Walter Reed	Rukwa Region, Tanzania	August 26 and 27, 2013	1 day	Representatives of Council Health Management Teams and Regional Health Management Teams and health facility managers from Katavi and Rukwa Regions	127	12
NACS sensitization meeting for local government authorities and health facility managers	FHI 360/ TFNC, and TUNAJALI Program (Deloitte)	Iringa Region, Tanzania	April 26, 2013	1 day	Representative leaders from council health management teams (CHMTs), regional health management teams (RHMTs) and managers from all 4 districts (Iringa Urban, Iringa Rural, Kilolo, and Mufindi)	18	17
NACS training of regional trainers (TOT)	FHI 360/TFNC and TUNAJALI Program (Deloitte)	Iringa Region, Tanzania	April 29 –May 4, 2013	6 days	Doctors, nurses, nutritionists, and home-based care (HBC) providers, from all 4 districts	18	05
NACS training of health care providers	FHI 360/TFNC and TUNAJALI Program (Deloitte)	Iringa Region, Tanzania	May 6–10, 2013	5 days	Doctors, nurses, nutritionists, and HBC providers from all 4 districts	29	10

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS sensitization meeting for LGA leaders and health facility managers	FHI 360/TFNC and Elizabeth Glaser Pediatric AIDS Foundations (EGPAF)	Tabora Region, Tanzania	June 14, 2013	1 day	Representative leaders from CHMTs and RHMTs and managers	15	27
NACS training of regional trainers (TOT)	FHI 360/TFNC and EGPAF	Tabora Region, Tanzania	June 17–22, 2013	6 days	Doctors, nurses, nutritionists, and HBC providers	18	07
NACS training of health care providers	FHI 360/TFNC and EGPAF	Tabora Region, Tanzania	June 24–28, 2013	5 days	Doctors, nurses, nutritionists, and HBC providers	31	07
NACS Sensitization Seminar for Managers	Tanzania Food and Nutrition Centre (TFNC)	Arusha, Tanzania	January 18, 2013	½ day	Arusha Region Health Management Teams and health facility managers	35	0
NACS Training of Trainers	TFNC/FHI 360	Arusha Region, including all districts	January 21–26, 2013	6 days	Facility-based providers: MDs, clinic officers, nurses, nutritionists, Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) program managers	28	0
NACS Transfer Training of Health Care Providers	TFNC/FHI 360	Arusha Region, including all districts	January 28–February 1, 2013	5 days	Facility-based providers: clinic officers, assistant medical officers, nurses, nutritionists, nutrition officers, EGPAF program managers	28	9
NACS Sensitization for Local Government Authorities and Managers	TFNC/FHI 360 with logistic support from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Moshi, Tanzania	December 7, 2012	Half day	District Medical Officers (DMOs); Council Health Management Team (CHMT) and Regional Health Management Team (RHMT) members; heads of sections and officers in charge of health facilities providing care and treatment center (CTC) services from municipal and district councils of Kilimanjaro Region	13	24
NACS Training of Trainers	TFNC/FHI 360 with logistic support from EGPAF	Moshi, Tanzania	December 10–15, 2012	6 days	Nurses, clinical officers, medical doctors, counselors, and nutrition officers working with CTC, RHMT, Reproductive and Child Health Services (RCHS)/PMTCT and TB/HIV units; Participants were from all 7 districts of Kilimanjaro Region	15	9

Title	Organization(s) that Delivered the Training/ Name of Trainer	Location	Date	Duration	Audience Description	# of Participants	
						Female	Male
NACS Training of Facility-Based Providers	TFNC/FHI 360 with logistic support from EGPAF	Moshi, Tanzania	December 17–20, 2012	4 days	Nurses, clinical officers, medical doctors, counselors, and nutrition officers working with CTC, RHMT, RCHS/PMTCT and TB/HIV units; Participants were from all 7 districts of Kilimanjaro Region	32	7
Uganda							
NACS TOT	FANTA/MOH	Kampala, Uganda	August 19–24, 2013	6 days	Health workers, nutritionists, doctors	12	13
NACS TOT	FANTA/MOH	Kampala, Uganda	August 26–30, 2013	6 days	Health workers, nutritionists, doctors, USAID HIV IPs	16	8
NACS TOT	FANTA/MOH	Kampala, Uganda	September 23–27, 2013	6 days	Health workers, nutritionists, doctors, USAID HIV IPs	24	11
NACS TOT	FANTA/MOH	Kampala, Uganda	September 30–October 4	6 days	Health workers, nutritionists, doctors, USAID HIV IPs	11	6
Nutrition advocacy training for CSOs	WVI (logistics) FANTA (training materials)	Kampala, Uganda	August 19–23, 2013	5 days	13 CSOs	20	20
Orientation of the multisectoral District Nutrition Coordination Committees (DNCC)	FANTA, Office of the Prime Minister (OPM), Community Connector (CC), SPRING, MOH	Agago, Dokolo, Oyam, Pader, Nebbi, Kabale, Kisoro, Ibanda, Kanungu districts	December 2–8, 2012	1 week	District local governments	26	74

Annex 5. Publications and Key Deliverables Completed in Project Year 2

Title	Author(s)	Completion Date
IR 1.1		
Designing Appropriate Complementary Feeding Recommendations: Tools for Programmatic Action (Maternal and Child Nutrition article)	Monica Woldt	September 2013
Strengthening and Evaluating the PM2A in Guatemala: Report of the Enrollment Survey (2013)	Susan M. Richter, Jef L. Leroy, Deanna Olney, Esteban Quiñones, Marie Ruel	August 2013
A Process Evaluation of the PROCOMIDA “Preventing Malnutrition in Children under 2 Approach” in Guatemala	Deanna Olney, Susan Richter, Elisabeth Becker, Terry Roopnaraine, Amy Margolies, Andrew Kennedy, Jef Leroy, Marie Ruel	July 2013
A Process Evaluation of the Tubaramure Program for Preventing Malnutrition in Children under 2 Approach (PM2A) in Burundi	Deanna Olney, Megan E. Parker, Elyse Iruhiriye, Jef Leroy, Marie Ruel	March 2013
FAFSA-2 (full report)	Roberta van Haeften, Mary Ann Anderson, Herbert Caudill, Eamonn Kilmartin	March 2013
FAFSA-2 Summary Report	Roberta van Haeften, Mary Ann Anderson, Herbert Caudill, Eamonn Kilmartin	February 2013
Antibiotics as Part of the Management of Severe Acute Malnutrition (<i>New England Journal of Medicine</i>)	Indi Trehan et al.	January 2013
Définition de l’Approche Evaluation, Conseil et Soutien Nutritionnels (NACS) (Defining Nutrition Assessment, Counseling, and Support (NACS): Technical Note 13 [French translation])	FANTA	December 2012
IR 1.3		
FFP Indicator Data Points list for FFP MIS	Milanga Abeysuriya	July 2013
Revised SAPQ Instructions for FFP MIS	Milanga Abeysuriya	July 2013
FFP Indicators Handbook	Javier Morla	August 2013
Technical Consultation Meeting Summary: Gender Indicators for USAID/Food for Peace	Reena Borwankar, Kavita Sethuraman (FANTA)	March 2013
Operationalizing Gender Integration in USAID/Food for Peace Title II Development Food Aid Programs (draft for review)	Reena Borwankar, Kavita Sethuraman (FANTA)	October 2012
FFP Gender Indicators Menu	Reena Borwankar, Kavita Sethuraman (FANTA)	October 2012
IR 1.4		
“Synthesis of Interviews” (of exploratory work in preparation for drafting of guidance on beneficiary-based surveys in support of FFP/FTF annual monitoring indicators)	Diana Stukel, Gregg Friedman (FANTA)	July 2013
Planning Document: USAID/Bureau for Food Security Agriculture-Nutrition Online Course	Kristen Cashin (FANTA)	May 2013
FFP CBO Brownbag: Why Gender Integration Matters for Food Security	Kavita Sethuraman (FANTA), Michelle Gamber (FFP)	August 2013
FFP CBO Brownbag: Effective Baseline and Final Evaluations	Diana Stukel (FANTA)	August 2013
FFP CBO Brownbag: FFP Annual Monitoring Indicators	Sujata Bose (FANTA)	August 2013

Title	Author(s)	Completion Date
FFP CBO Brownbag: Introduction to Nutrition and Ration Design	Zeina Maalouf-Manasseh (FANTA)	May 2013
FFP CBO Brownbag: Effective Final Evaluations Scopes of Work	Pamela Velez-Vega (FANTA)	March 2013
IR 2.2		
Framework for Improving Food Security Programming in the Equatorias, South Sudan	Roberta van Haeften, Monica Woldt	January 2013
Burundi Food Security Country Framework	Christy Collins, Richard Magnani, Evelyn Ngomirakiza	September 2013
Malawi Food Security Country Framework	Emmet Murphy, Kali Erickson, James Chima	September 2013
Madagascar Food Security Country Framework	Ellen Mathys, Zeina Maalouf-Manasseh	September 2013
From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of WFP Emergency Food Aid and Food Assistance Programs	Rosemarie McNairn, Kavita Sethuraman	August 2013
From Policy to Practice: Integrating Gender into the Monitoring and Evaluation of FFP Emergency Food Aid Programs	Rosemarie McNairn, Kavita Sethuraman	August 2013
Program-Level Early Warning and Trigger Indicators: Benefits, Challenges, Considerations, and Recommendations for a Way Forward	Laura M. Glaeser, FANTA	December 2012
IR 2.3		
NACS guidance modules 1, 2, 3	Wendy Hammond and FANTA Nutrition/Infectious Diseases Cluster	July 2013
The Partnership for HIV-Free Survival (PHFS) Launch Meeting Report	PHFS Coordinating Committee	May 2013
IR 2.4		
A Tool to Support Nutrition Advocacy in Ethiopia: Ethiopia PROFILES 2012 Estimates	Israel Hailu, Amanuel Kidanu, Tara Kovach, Ferew Lemma, Kavita Sethuraman, A. Elisabeth Sommerfelt, and Telahun Tekla	September 2013
Ethiopia National Nutrition Advocacy Plan	Facilitated by FMOH and REACH, ENGINE, and FANTA projects	April 2013
'We Are Many Using the Same Land': Perceived Challenges to Smallholder Agriculture and Implications for Household Food Security and Nutrition in Two Districts of the North and Southwest Regions of Uganda – Draft	Kavita Sethuraman, Laura M. Glaeser, and Elialilia Okello	February 2013
IR 2 Countries		
Bangladesh		
Literature Review (Managing acute malnutrition: A review of the evidence and country experience in South Asia and recommended approaches for Bangladesh) – <i>Draft</i>	Kavita Sethuraman, FANTA	September 2013
Advocacy materials for non-nutrition CSOs	FANTA	September 2013
Op. Ed. newspaper supplement for donors	FANTA	August 2013
Nutrition Policy Brief for Policymakers and Parliamentarians	FANTA	August 2013
Summary report on media scanning report	MRDI	June 2013
Final talking points for development partners	Kavita Sethuraman, Tara Kovach, Ferdousi Begum, FANTA	January 2013

Title	Author(s)	Completion Date
Nutrition Brief for Development Partners in Bangladesh	Kavita Sethuraman, Ferdousi Begum, Tara Kovach, FANTA	December 2012
Ethiopia		
A Tool to Support Nutrition Advocacy in Ethiopia: Ethiopia PROFILES 2012 Estimates	Mesfin Gose, Israel Hailu, Amanuel Kidane, Tara Kovach, Ferew Lemma, Lesley Oot, Kavita Sethuraman, Elisabeth A. Sommerfelt, and Telahun Teka	September 2013
The Urban Gardens Program for HIV-Affected Women and Children: A Review and Look to the Future	Peter Jensen, FANTA consultant	April 2013
Ghana		
Nutrition Care for People Living with HIV (PLHIV) and/or TB Clients in Ghana: Training Materials for Service Providers	Ghana NACS Technical Working Group	September 2013
Ghana Report on Strengthening Nutrition in Pre-Service Education	GHS & FANTA	September 2013
CMAM Costing Report	GHS & FANTA	September 2013
Agona West Municipal Coverage Survey Report	GHS & FANTA	September 2013
Ashaiman Municipal Coverage Survey Report	GHS & FANTA	September 2013
Agona West and Ashaiman Municipality Coverage Survey Summary Report	GHS & FANTA	August 2013
National Nutrition Policy	Government of Ghana	February 2013
Ghana PROFILES Nutrition Advocacy Package: Build the Future. Invest in Nutrition Now	Ghana PROFILES Task Team	April 2013
Integration of Nutrition Indicators into Ghana's HIV and Tuberculosis Monitoring and Evaluation System	Margaret Owusu-Amuako	April 2013
Guatemala		
Optifood: A New Tool to Improve Diets and Prevent Child Malnutrition in Guatemala (for USAID's IMPACTblog)	Monica Woldt and Gilles Bergeron	September 2013
Description of Data Collection Methods for Inputs to Optifood Study	Manolo Mazariegos, Humberto Méndez	September 2013
Preliminary Executive Summary: Development of Evidence-Based Dietary Recommendations for Infants, Young Children, Pregnant Women, and Lactating Women Living in the Western Highlands of Guatemala	Alison Tumilowicz, FANTA; Elaine Ferguson, LSHTM; Manolo Mazariegos, INCAP	March 2013
Haiti		
Provisional NACS Protocol for Facility-Based Service Providers in Haiti – Draft	FANTA	April 2013
Provisional NACS Reference Manual for Facility-Based Service Providers in Haiti – Draft	FANTA	May 2013
Provisional NACS Training Manual for Facility-Based Service Providers in Haiti – Draft	FANTA	August 2013
Namibia		
Revised MOHSS Nutrition Management for People Living with HIV/AIDS: Guidelines for Clinical Health Workers	FANTA provided technical input to I-TECH	July 2013
Review of Nutrition Assessment, Counselling, and Support (NACS) Service Implementation in Namibia – Draft	FANTA and the Namibia Ministry of Health and Social Services	June 2013

Title	Author(s)	Completion Date
Namibia NACS Review Protocol	Reena Borwankar, Wendy Hammond, Nilufar Rakhmanova	October 2012
Tanzania		
Community Nutrition Brochures: 1. Breastfeeding 2. Complementary Feeding 3. Feeding the Sick Child 4. Maternal Nutrition 5. Local Food Technologies to Improve the Nutritional Value of Foods	FANTA, COUNSENUth, Mwanzo Bora Nutrition Project (Feed the Future)	February 2013 print date (FANTA's work completed December 2012)
Uganda		
Nutrition Fellows' guide	Bridget Ralph and Brenda Shenute Namugumya, FANTA	June 7, 2013
Draft report of a rapid assessment of NACS activities in 29 health facilities supported by Baylor-Uganda, USAID/NUHITES, and Joint Clinical Research Centre	FANTA	May 16, 2013
PHFS Progress Report	FANTA/ASSIST/TASO/SPRING	April 22–26, 2013
Implementing the Partnership for HIV-Free Survival: Rolling Out Improvement Work in Uganda	FANTA/ASSIST/SPRING/MOH	June 2013
Technical Assistance Trainers' Handbook: Cascading Innovations to Generate and Meet Demand for Quality Social Services (Session 7)	USAID/Strengthening Decentralization for Sustainability (SDS) (FANTA provided TA to SDS for nutrition portions of handbook)	February 2013
National Handbook for Community Development Officers and Stakeholders in the Community Development Work	MGLSD, ICEIDA (FANTA provided TA for nutrition portions of handbook)	January 2013
PHFS Project Country Indicators	MOH (FANTA provided TA through Hanifa Bachou. Developed in collaboration with MOH, SPRING, TASO, and ASSIST)	March 2013
Inventory of USAID implementing partners based on the UNAP objectives	FANTA/Uganda	December 2012
Vietnam		
<i>National Guidelines on Nutrition Care and Support of People Living with HIV and AIDS</i>	National Institute of Nutrition	December 2012
Proposal for Piloting IMAM and Nutrition Care for PLHIV in Dak Lak Province, Viet Nam/Dak Lak	Mai-Anh Hoang, FANTA consultant	November 2012

Annex 6. Project Year 2 Website Statistics

For the Period of October 1, 2013–Sept. 30, 2013

General Information for Project Year 2	
Number of web files viewed	2,310,131
Number of hits	3,877,267
Top 10 Web Pages (excludes home page)	Page Views
1. Training Guide for Community-Based Management of Acute Malnutrition (CMAM) (2008)	6,365
2. Monitoring and Evaluation	5,862
3. Food Security	5,644
4. Publications	5,554
5. About Us	5,275
6. Infant and Child Nutrition	4,532
7. Months of Adequate Household Food Provisioning for Measurement of Household Food Access: Indicator Guide (2010) and Household Dietary Diversity Score for Measurement of Household Food Access: Indicator Guide (2010)	4,360
8. HIV	4,350
9. Household Food Consumption	4,057
10. Sampling Guide	3,901

